DOCUMENT RESUME

ED 286 127 CG 020 211

TITLE	Family Living Including Sex Education: Grades K Through 12. Third Edition.
INSTITUTION	New York City Board of Education, Brooklyn, N.Y. Div. of Curriculum and Instruction.
REPORT NO	ISBN-0-88315-540-0
PUB DATE	85
NOTE	267p.; For related documents, see CG 020 212-213.
AVAILABLE FROM	New York City Board of Education, Division of Curriculum and Instruction, 131 Livingston St., Rm. 613, Brooklyn, NY 11201 ($10.00).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Curriculum Guides; Elementary Secondary Education; *Family Life Education; Primary Education; *Sex Education; *Teaching Methods
IDENTIFIERS	New York (New York)

ABSTRACT

This document presents a revised curriculum guide for New York City public schools' Family Living including Sex Education programs. It is intended to serve teachers, supervisors, administrators, and parents. Schools are encouraged to use it as a basic guide for developing their own course outlines. The introduction presents program goals, guidelines for implementation, implementation strategies for school administrators, teaching strategies, evaluation, and levels of psychosexual development. Other sections present the curriculum for different grade levels: (1) prekindergarten through grade 2; (2) grades 3 and 4; (3) grades 5 and 6; (4) junior high school; and (5) high school. For each level, several concepts are presented. Each concept includes an expected outcome, motivation, list of strategies, and relevant teacher information. Appendices include a selection of statements in support of a family living/sex education program, a sample letter to parents, a list of clinic services in New York City, a description of parent workshops, and a section on death education. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY"

Alana Mitchell

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ED286127

CG 020211

Family Living

INCLUDING

Sex Education

BEST COPY AVAILABLE

NEW YORK CITY BOARD OF EDUCATION
Office of Curriculum Development and
Division of Curriculum and Instruction

New York City Board of Education

Robert F. Wagner, Jr., *President*
Irene Impellizzeri, *Vice President*

Gwendolyn C. Baker
Richard I. Beattie
Stephen R. Franse
James F. Regan
Edward L. Sadowsky

Nathan Quinones, *Chancellor*

Charles I. Schonhaut, *Deputy Chancellor*

Jerald Posman, *Deputy Chancellor for Financial Affairs*

Charlotte Frank, *Executive Director*
Division of Curriculum and Instruction

Morris Freedman, *Deputy Executive Director*
Division of Curriculum and Instruction

Pearl M. Warner, *Deputy Executive Director*
Division of Curriculum and Instruction

Sylvia Schechter, *Director*
Office of Health, Physical Education, and School Sports

Alaire Mitchell, *Assistant Director of Curriculum Research*
Division of Curriculum and Instruction

Copyright © 1985
By the Board of Education of the City of New York

Application for permission to reprint any section of this material should be made to the Chancellor, 110 Livingston Street, Brooklyn, N.Y. 11201. Reprint of any section of this material shall carry the line, "Reprinted from *Family Living Including Sex Education*, by permission of the Board of Education of the City of New York."

PREFACE

The Family Living including Sex Education program has been in the New York City public schools since 1967. With the publication of this revised curriculum guide we hope to see Family Living including Sex Education programs in all our schools. However, the decision to establish a program is the prerogative of each individual school and district.

STAFF DEVELOPMENT WORKSHOPS WILL TRAIN SELECTED TEACHERS IN THE CURRICULUM. AS PART OF THE TRAINING TEACHERS WILL BE INSTRUCTED TO IMPART TO THEIR STUDENTS THE PREDOMINANT PHILOSOPHY OF THIS PROGRAM:

- THE AWARENESS AND IMPORTANCE OF FAMILY, RELIGIOUS, AND MORAL VALUES IN MAKING PERSONAL DECISIONS;
- UNDERSTANDING THE NEED FOR CONSIDERATION, LOVE, RESPECT, AND RESPONSIBILITY IN FAMILY LIFE;
- RECOGNIZING RESPONSIBILITIES TO THE SCHOOL, THE COMMUNITY, AND SOCIETY.

In implementing a program the following procedures apply:

- PROGRAMS WILL BE CREATED WITH PARENTAL AND COMMUNITY INVOLVEMENT AT THE DISTRICT AND SCHOOL LEVEL USING THE CURRICULUM GUIDE AS A BASE. PARENTS OF STUDENTS IN THE SCHOOLS WILL BE GIVEN THE OPPORTUNITY AND BE APPRISED OF THEIR OBLIGATION TO REVIEW THE CURRICULUM AND MAKE RECOMMENDATIONS.
- EACH DISTRICT AND SCHOOL WILL FOLLOW CHANCELLOR'S MEMORANDUM NO. 14, 1984-85, IN FORMING AN ONGOING ADVISORY COMMITTEE COMPOSED OF PARENTS, TEACHERS, SUPERVISORS, AND COMMUNITY MEMBERS TO REVIEW THE CURRICULUM DESIGN FOR EACH SUBSEQUENT YEAR.

While we are fortunate that many hundreds of qualified teachers and supervisors have already been trained to teach Family Living/Sex Education, many more still require training. The Health and Physical Education Unit of the Division of Curriculum and Instruction will continue to assume the leadership for this vital component of the program, but it is incumbent upon each district and school to assume responsibility for ongoing staff training, supervision, and evaluation.

We hope that this revised *Family Living including Sex Education* curriculum will provide the means and methods for the planning, development, implementation, and continuation of successful programs in our schools.

Nathan Quinones
Chancellor

ISBN No. 0-88315-540-0

Curric. No. 00-6201-70

New York City Public Schools should order additional copies of this publication from the Bureau of Supplies.

Copies of this publication may be purchased from the Board of Education, City of New York, Publications Sales Office, 110 Livingston Street, Brooklyn, N.Y. 11201. (See current catalogue for price.)

Foreword

The many significant social, educational, and legal changes during the sixteen years since the publication of the second edition of *Family Living/Sex Education*, as well as the changes in family life and sexual behavior, have necessitated the preparation of this third edition of *Family Living/Sex Education*.

With the changes in society's values and lifestyles, our young people are being confronted with greater responsibility for their own sexual conduct and social behavior. It is the role of the school, in cooperation with the home, to provide systematic and accurate information that will enable youngsters to make responsible decisions — decisions that will ultimately have an important impact on their lives.

The preparation of this revised curriculum reflects several years of ongoing involvement with many knowledgeable and caring people in our city, as well as a period of field testing in several school districts and twenty-seven high schools. We are most appreciative of all those who have contributed their knowledge and skills to make this document responsive to the broadly diversified needs of our school population.

This third edition has been designed to serve the teacher, supervisor, administrator, and parent. It provides the scope and sequence as well as the guidelines, information, and practical strategies for school and classroom implementation. To be most effective, however, it must also reflect the unique and changing needs of each school community. For this reason, schools are encouraged to use this as a basic guide for developing their own course outlines. The extensive bibliography and instructional resources should be of assistance in planning appropriate courses.

We hope that through the effective use of this curriculum we will ultimately improve the quality of family life in our community. By encouraging greater self-awareness and developing decision-making skills, we will be guiding young people toward sound values and responsible behavior which, in turn, should lead to greater personal, family, and societal well-being.

Charlotte Frank

Charlotte Frank
Executive Director
Division of Curriculum and Instruction

Acknowledgments

The third edition of *Family Living Including Sex Education* is a project of the Divison of Curriculum and Instruction, Charlotte Frank, Executive Director, and the Office of Curriculum Devopment and Support, Morris Freedman, Director.

Sylvia Schechter, Director, Health and Physical Education Unit, and Irwin Tobin, Director of the Health and Physical Education Unit (now retired) provided overall supervision for the project. Melvin Warren, Assistant Director of the Health and Physical Education Unit, served as the supervising coordinator of the project.

The major writers for the project were Gerard Russell, teacher of Health Education, JHS 109 Queens; Claudia Disalvo, Division of Special Education (formerly), Sylvia Jacobson, Coordinator of Family Living/Sex Education, Community School District 31 (retired); Susan S. Aaron, Office of Curriculum Development and Support; Peggy Tumminio, Teacher of Health and Physical Education, John Dewey High School.

The research for resource materials was conducted by Linda Lantieri, Consultant, Health and Physical Education Unit, and Sylvia Jacobson. Special acknowledgment is made to the SIECUS Library and Resource Center for their assistance.

Recognition is given to the Office of Educational Evaluation, Ancillary Services Evaluation Unit, Sharon Walker, Manager; and the New York Hospital-Cornell Medical Center, Department of Public Health, Madelon Lubin Finkel, Ph.D., Assistant Professor of Public Health, for their evaluation of the program.

Appreciation is also expressed to the following for their cooperation in the field testing of the revised curriculum materials.

Community School District 4 Manhattan, Anthony Alvarado, Superintendent;* Virginia Giddings, Supervisor
Community School District 22 Brooklyn, Ralph Brande, Superintendent; *Stephen Krischner, Deputy Superintendent
Community School District 27 Queens, Marvin Aaron, Superintendent; *Kenneth Grover, Supervisor
Community School District 29 Queens, Florence Friedlander, Superintendent; Harold Minsky, Director of Curriculum
Office of the Superintendent of Bronx High Schools, Sylvia Ballatt, Superintendent; Alan Hoffman, Coordinator
Greater New York Chapter of March of Dimes Birth Defects Foundation, Leona J. Schumer, Director of Professional Education; Irwin Tobin, Director of Public Education

Special appreciation is expressed to the members of the Curriculum Advisory Committee for Family Living/Sex Education for their review of the third edition, and their invaluable comments and suggestions. For this assistance, the New York City Board of Education is deeply grateful to:

Susan S. Aaron, Assistant to the Director, Office of Curriculum Development and Support

Frank Arricale, Community Superintendent, Community School District 19 Brooklyn

Reverend Howard Basler, Assistant Superintendent, Office of Catholic Education of the Brooklyn Diocese

*Fran Bauer, United Parents Association

*Clara Blackman, Assistant Director, Bureau of Educational and Vocational Guidance

*Penny Breiman, Children's Aid Society

Tess Cogen, Pace University

Diane DeGroat, Supervisor of Special Education, High School Division, New York City Board of Education

Doreen DeMartini, Deputy Director, Office of Community School District Affairs

*Affiliations in effect at the time of the development of the document.

*Claudia DiSalvo, Coordinator, Division of Special Education

Charlotte Frank, Executive Director, Division of Curriculum and Instruction

David Fried, Assistant Principal of Health and Physical Education, Beach Channel High School

Elaine Genodman, Maternity-Infant Care and Family Planning Projects

Sam Glicksman, Supervisor, Health and Physical Education Community School District 16 Brooklyn

*Lorraine Hendricks, M.D., The Door

*Adele Hofman, M.D., New York University Medical Center, Department of Adolescent Medicine

Sylvia Hunter, Human Resources Administration

Adelaide Jacquet, Planned Parenthood of New York City

Sylvia Jacobson, Coordinator (retired), Community School District 31

Linda Lantieri, Consultant, Health and Physical Education Unit, Division of Curriculum and Instruction

John V.P. Lassoe, Jr., The Diocese of New York of the Protestant Episcopal Church

Shelly Lazar, Teacher, PS 251K

Dorothy Lee, Ph.D., Division of Special Education, School-Based Support Team

Hans Lehfeldt, M.D., New York University, Bellevue Medical Center

Janet Levens, Human Resources Administration

Carl Lipschutz, Teacher of Health and Physical Education (Retired), Sheepshead Bay High School

Shirley A. Levine, Supervisor, Office of Occupational & Career Education, Home Economics Unit

*Linda Loffredo, Teacher, City-As-School

Eleanor Marshall, Community Service Society

Sister Betty Ann McKiernan, Archdiocese of New York, Office of Superintendent

Ben Miller, Board of Jewish Education of Greater New York

*Joan Ohlson, Citizens Committee for Children

*Jean Pakter, M.D., New York City Department of Health, Bureau of Maternity Services and Family Planning

Lenore Roseman, Teacher of Health and Physical Education, Beach Channel High School

Gerard Russell, Teacher of Health and Physical Education, JHS 109 Queens

*Marlyn Sable, Federation of Brooklyn High School Parents Association

*Gloria Sangirardi, Teacher of Health and Physical Education, Brooklyn Technical High School

Frank Santora, New York City Department of Health, Venereal Disease Education

*Sylvia Schechter, Assistant Principal of Health and Physical Education, Grover Cleveland High School

Bruce Selman, Teacher of Health and Physical Education, John F. Kennedy High School

Stanley Tannenbaum, Human Resources Administration

*Wanda Terlik, Queensboro Federation of Parents

John Thacker, New York City Department of Health, Venereal Disease Education

Irwin Tobin, March of Dimes Birth Defects Foundation, Greater New York Chapter

Peggy Tumminio, Teacher of Health and Physical Education, John Dewey High School

*Lorraine Tuzzo, Queensboro Federation of Parents

Jean Tyler, Maternity Infant Care (MIC) and Family Planning Projects

Melvin Warren, Assistant Director, Health and Physical Education Unit

*Edward Welch, Family Life Division, New York Medical College Metropolitan Hospital

*Jane Zirinsky, Intern, New York University

*Affiliations in effect at the time of the development of the document.

Special recognition and appreciation is extended to the State Education Department, Bureau of School Health Education and Services, Frances A. Bernstein, Chief (Retired) and Carol Fairley, Coordinator of Family Life Human Sexuality Program, for their technical support and financial assistance.

Appreciation is extended to Robert E. Gould, M.D., Professor of Psychiatry, New York Medical College; Margaret Ruth Kind, M.D., New York Medical College; and Jeanne A. Smith, M.D., Director of Comprehensive Sickle Cell Center, Harlem Hospital Center-Columbia University for their valuable advice.

We also appreciate the input of the members of the Chancellor's Advisory Commission to Promote Equal Opportunity (Beryl Banfield, Chairperson).

The manuscript was prepared for production by the Curriculum Production Unit (Alaire Mitchell, Unit Head, Maureen Maguire, Production Coordinator).

Maureen Maguire	Book design
Ernst Schrader	Copyediting
Conrad Nunnally, Kathleen Asvestas	Mechanicals
Deborah Epstein, Billye Timbes	Typesetting
Susan Keller	Indexing
Mary Gaskin	Final Checking
Honi Werner	Cover Design

Table of Contents

INTRODUCTION 1
Goals 2
Guidelines for Implementation 3
Implementation Strategies for School Administrators 7
Teaching Strategies 8
Evaluation 14
Levels of Psychosexual Development 15

PREKINDERGARTEN to GRADE 2 21

Curiosity about oneself and others is natural. 23
Animals and humans need families. 28
Living things produce other living things of the same kind. 29
Human beings and other animals begin as fertilized eggs. 31
Families vary in the amount of care they provide for their offspring. 34
Family members show love for each other in many ways. 37

GRADES 3 and 4 39

Friendship involves a special kind of feeling toward other people. 41
Each member of the family is important as an individual and as a member of the family and community. 44
In order for family life to continue, living things must mate and reproduce. 47

GRADES 5 and 6 51

Growth and development are influenced by many factors. 53
Emotional and social development are influenced by many factors. 58
Puberty is a time of many physical changes. 63
Human babies are born from the union of an egg cell and sperm cell. 67

JUNIOR HIGH SCHOOL 69

The family is a constantly changing unit. 71
Puberty is a time of many changes. 76
Adolescence is a time of rapidly changing needs. 82
Human reproduction involves many responsibilities on the part of men and women. 86
Sexual health care is the responsibility of each individual. 94
Sexual abuse and rape have a significant influence on a child's emotional and physical health. 99

HIGH SCHOOL 103

Males and females experience emotional, behavioral and physical changes during adolescence. 106
Sexual health requires responsibility to oneself, one's family, and society. 118
Awareness of the reproductive process is conducive to sound decision-making. 146
Starting and maintaining a family involves responsibility. 157

Appendices 187
Resources and Bibliography 251
Index 281
Indexes by Grades 289

Photo Credits

We are grateful to the following persons and organizations for permission to use their photographs:

Dr. Lila Lasky, Special Consultant to the Early Childhood Education Unit, pp. 36, 42, 53, 56, 165, 186, and 246

Leslie Sloan, Class of 1984, John Dewey High School, pp. 50, 53, 58, 110, 127, 143, 179

Siobhan Sloan, pp. 54, 173

Bevin Sloan, p. 162

Rudi Perez, 169

Steve Schulman, p. 31

National Coordinating Council on Drug Education, pp. 38, 57, 68, 72, and 73

March of Dimes Birth Defect Foundation, pp. 84, 90, 108, 134, 151

U.S. Department of Health and Human Services, pp. 40, 41, and 48

John Dewey High School Yearbook staff

Introduction

On April 19, 1967, a new curriculum area known as *Family Living including Sex Education*, was added to the program of the New York City Public Schools. The Board of Education unanimously passed a resolution authorizing the preparation of a suitable program of instruction for all pupils in appropriate grades . . . "which shall include a sensitive presentation of the importance of understandings of sex as it relates to wholesome living, ethical, emotional and social maturity, as well as the reproductive process."

On January 17, 1973, the Board of Education passed a new resolution which said in part: "The Board of Education strongly supports the continued development and expansion of a comprehensive educational program in *Family Living including Sex Education* in all schools."

The intervening years since the publication of the preliminary bulletin on *Family Living including Sex Education* have been times of rapid social change with concomitant changes in the needs of the pupil population. This publication is intended to meet these needs through updated content, an examination of current societal and cultural attitudes, and suggestions for improved classroom methodology to encourage the development of decision-making skills.

The City-Wide Advisory Committee on *Family Living including Sex Education* guided the preparation of this bulletin. The members of this committee represent many segments of our community including educators, religious and parent leaders, physicians, and other health, mental health and social services professionals.

Every effort has been made to include content that will meet the varying needs of the diverse student population. Understanding and respecting this diversity, it is expected that various school communities will select content, activities, and materials from within this curriculum that are consistent with local needs and attitudes.

The expertise of many professionals was utilized in developing activities and researching new materials to aid in classroom instruction. The Resource List includes materials for pupils with special needs, resources for professionals, parents, and bilingual education, library books, an approved list of textbooks, and audio-visual materials for classroom use.

Rationale. A pressing need of our present day society is to develop in children the personal and social competence that leads to individual fulfillment and social progress. One of the areas of study which is essential in developing these competencies is the area of family living including sex education. The purpose of this program is to equip young people with the knowledge, motivation and ability to carry out responsible decisions in their own best interest, and to help prepare them to effectively handle the responsibilities of family life, social relationships, marriage, and future parenthood.

The major responsibility for the formation of attitudes conducive to wholesome development rests with the home. However, the school, religious and other institutions have important supplementary roles in providing children with a basis for personal judgments through the development of decision making skills.

The schools have the resources to provide a comprehensive, sequential, and up-to-date program which will assist children in developing understandings that relate individual behavior to the needs of self, others, and society.

Goals of the Program

The program intertwines four basic strands: family living, personal growth, communication and interpersonal relationships, and human sexuality. At every level the concepts relate to these four strands. The broad goals of the program are the following.

To assist students in:

- Understanding that love, responsibility, and mutual concern are basic to harmonious family life.
- Recognizing the traditional values and responsibilities involved in marriage and parenthood.
- Developing a code of values that will enhance self-esteem and serve as a guide for reasoned judgments and responsible behavior.
- Building communication skills which can be applied in expressing emotions, resolving conflicts, and seeking guidance.
- Forming a wholesome attitude toward human sexuality as an integral part of one's total being.
- Recognizing sexual stereotyping and its consequences.
- Understanding that adolescent sexual intimacy has many inherent problems.
- Acquiring a body of knowledge related to human sexual growth and development, and reproduction.

To assist parents in:

- Understanding the purpose of the *Family Living including Sex Education* program in the schools.
- Understanding the role parents are encouraged to play in the planning and implementation of the program.
- Understanding the changes involved in child and adolescent development.
- Developing strategies for communicating parental values to their children.

To encourage community and health related services in:

- Assisting the schools in teacher training and serving as a resource for class visits and program implementation.
- Joining the schools in organizing an effective network of support for students and parents.
- Providing services for students who are sexually active, pregnant, or have other sex-related problems.

Guidelines for Implementation

The schools share the responsibility for the education of children with the home, religious institutions, community groups, and social agencies. They all contribute to the individual's moral and ethical value system.

Citywide, District and School Advisory Councils. Implementing a curriculum in the sensitive area of family living including sex education requires the consideration of many viewpoints, a broad knowledge of conent, and a deep understanding of the variety of cultural values and patterns which reflect the diversity of an urban area. It is therefore required that advisory councils, representing a cross-section of the population of local school districts and high schools, be organized to assist in the initiation and the ongoing development of the program.

The functions of the advisory council may include:

- helping to gather information about local needs and resources.
- participating in the analysis of these needs and resources.
- helping to determine program direction and course content.
- facilitating linkages between school and community resources.
- acting as an advocate for the program and its participants.
- assisting in program evaluation.
- facilitating communication with community organizations.
- developing a plan with the school administrator to handle positive and negative happenings.

District and High School Coordinators. It is advisable that the superintendents and principals select a member of their staff to coordinate activities and to serve as a liaison with schools, parents, and community groups. This coordinator will help to ensure a well-balanced and sequentially developed program on a local level.

District and high school coordinators who have been assigned the responsibility of implementing the program on a local level should possess a background in the disciplines related to family living including sex education, and should have experienced intensive training in inter-personal relationships and group dynamics.

District and high school coordinators are responsible for the training of teachers who have been selected by their principals to teach the program in their schools. They will organize teacher workshops and conferences in their local districts utilizing the methods and materials experienced in their own training.

Selection of Teachers. Because the teacher is considered the single most important factor in determining the success of a family living/sex education program, it is important to select teachers who are highly motivated, properly trained, or are willing to be trained in the area of family living/sex education, and who are respected by colleagues, administrators and parents. Teachers being considered for this program should also be capable of establishing rapport with students, and exhibiting sensitivity to pupil concerns.

Teacher Training. Inservice courses should present a variety of approaches and techniques, enriched subject matter, and a diversified range of teaching materials. In order for training to be effective, it should prepare teachers to effectively implement a program that is responsive to pupil needs and parent concerns.

Training courses should include: the pooling of different ideas and experiences, a discussion of varying terminology for body parts and functions; the evaluation of lessons; an examination of curriculum materials in family living and sex education; the viewing of live and/or televised

lessons; the use of specialists (physicians, psychologists, social workers, family life educators, health professionals, etc.); panel discussions; supplementary literature; field trips to community resources (day-care centers, museums, zoos, etc.); and audio-visual materials which should be introduced on a continuing basis for the purpose of viewing, evaluating, and adapting.

In order to prepare a larger number of teachers to participate in the program, a series of television workshops conducted by district and high school coordinators may be organized as part of a broad inservice training program. These workshops afford teachers an opportunity to react to the course of study in terms of content materials and methodology.

It is recommended that the in-service course time for teacher training in family living including sex education be 2 credits or 30 hours. According to Division of Personnel requirements an in-service course for 2 credits should meet weekly for a period of at least 15 weeks.

Sensitive and Personal Issues. The teacher's skill in creating a climate which enables youngsters to deal constructively with issues that are intensely personal and relevant to their daily lives is of primary importance. Especially relevant is the teacher's capacity to listen perceptively and sympathetically and to also experience comfort in dealing with personal attitudes that are associated with family living and sex education. The teacher's understanding attitude is critical in helping youngsters sort out possible doubts and confusions and to assist them in developing a set of internally integrated values which may be relied upon as a basis for decision-making both immediately as well as in the future. This emphasis on attitudes suggests that special approaches to teacher preparation are essential. In classroom discussions, "Where strong differences of opinion exist on what is right or wrong sexual behavior, objective, informed and dignified discussion of both sides of such questions should be encouraged."*

Resource Guests and Speakers. Guest speakers from community health agencies can offer a valuable resource to the classroom instructional program. When considering the involvement of resource agencies, schools should receive complete assurance that the presentation will be made in a fair and objective manner, while respecting the religious and cultural values of pupils in the class. If audio-visuals are being planned for classroom presentation, these materials should be previewed by the teacher and their supervisors prior to their use. Resource speakers should be selected from agencies that have received approval from the district and/or school advisor council.

Classroom Resource Materials. Teaching resources include: printed materials (books, pamphlets, magazines, professional journals); audio-visual aids (films, filmstrips, television programs); visual materials and realia (charts, transparencies, models, cartoons, puppets, life-size figures, housekeeping furnishings, and toys); audio materials (tapes, records). The use of teaching aids on any grade level should be made after a careful consideration of the pupils' previous learning experiences, emotional readiness, and intellectual capacities. These resources are intended to supplement the teacher's presentation in the classroom and are especially valuable when they are selected on the basis of the group's interests and needs.

District and school advisory committees, which include parents, should be involved in the selection of materials in family living/sex education. All instructional materials should be available for review by parents and other interested community members. This curriculum has carefully prepared lists of approved textbooks and audio-visuals for use in the schools. Because of the very sensitive nature of this instruction, it is strongly recommended that only approved textbooks and audio-visuals be utilized in the classroom. In those instances where teachers wish to use non-listed instructional materials because it is felt that such materials would enhance the learning in the course of study, the teacher must consult with the principal, subject supervisor, and the advisory committee in order to determine the appropriateness of the instructional materials.

*National Council of Churches, Synagogue Council of America, and United States Catholic Conference. "Interfaith Statement on Sex Education." New York: National Council of Churches, 1968.

The use of multi-media materials offers a wider dimension to the daily instructional program. These resources add greater scope and depth to a lesson, and can serve effectively as motivation, reinforcement, enrichment, summary, or a review of subject matter. Ongoing student-teacher evaluation of teaching materials is important in determining their effectiveness for classroom use. Some materials may be used at an earlier or later grade when appropriate.

Parent-Teacher Involvement. Involvement and participation of parents and teachers in program planning and implementation is essential in family living/sex education. Under the guidance of principals and coordinators, the parents and teachers may plan advisory meetings, parent and community workshops, and cooperatively preview instructional materials. The development and maintenance of an open atmosphere conducive to continual dialogue among parents, school personnel, and community leaders is a critical aspect of this program.

Parent Workshops. Parent workshops are extremely helpful in developing a better understanding of the family living/sex education program. These workshops should be designed to involve parents in open, informative and supportive discussions dealing with different issues of human sexuality and family living. A central purpose of such workshops is to help participants understand the physical, emotional, cultural and social aspects of human growth and development, as well as to communicate their own values about sexuality more clearly and effectively to their children. The hope is that these discussions will lead to more open communication between parents and children which ultimately will help youngsters make informed decisions about their sexual behavior. Parent programs can also include separate workshops for parent(s) and daughters and parent(s) and sons.

Parental Notification and Excusal from Instruction. *Family Living including Sex Education* has been an approved course of study in the New York City Public Schools since 1967. The Board of Education, over the years, has strongly supported the continued development and expansion of a comprehensive educational program in family living including sex education. However, since there is no mandate in Education Law, nor in the Regulations of the Chancellor, for its inclusion in the schools' curriculum, instruction in family living including sex education is an elective matter with school districts and high schools.

According to guidelines from the State Education Department, sex education is regarded as instruction in personal aspects of human sexual relations and related matters. It does not include instruction normally involved in State Education Department syllabi for courses of study in general science, biology, home economics and family living.

Parents should be made aware of the instruction being offered in family living including sex education (see Appendix for sample letter to parents). Since this program is not mandated, school districts and high schools may excuse students from such instruction if requested by the student's parent or guardian. Districts or high schools desiring to effect a system of pupil excusal should prepare and make available to parents a form letter tailored to the individual circumstances of each district or high school.

Instructional Program for Students in Special Education. As a result of State and Federal legislation, there has been a sharp increase in the number of students with handicapping conditions who attend public schools. Children with handicapping conditions have intrinsic rights to normal lifestyles, which include the right to develop and maintain responsible social-sexual behavior.

While most aspects of this curriculun can be used effectively with students who have handicapping conditions, some adaptations may be necessary when considering the individual needs of the child and the nature of the handicapping condition. The intense concerns of children with

handicapping conditions about their changing bodies may far exceed the usual concerns of children in regular classes, and the goals should reflect these special needs. It is extremely important to educate the parents of students with special needs so that they may have the opportunity to re-examine their own attitudes and feelings concerning their children's emerging sexuality.

The curriculum contains an extensive resource list which can serve as an aid to teachers and parents of children with handicapping conditions, as well as specific content on the high school level that relates specifically to students with handicapping conditions. This content was adapted from "A Curriculum to Foster Understanding of People with Disabilities," developed by the City University of New York at Hunter College (see Bibliography, p. 263). In addition, community agencies and local colleges can also provide educational and counseling assistance to schools and parents. The combined efforts of parents, the school, and community resources can help to protect the rights of every child so that they may have access to adequate family living and sex education despite the limitations of the handicapping condition.

Grade Placement. Careful thought and review have been given to the grade placement of the concepts and instructional outcomes. The placement of concepts to a grade block rather than to a specific grade enables the teacher to select those concepts and outcomes that are appropriate for pupils and relevant to their needs and interests. The maturity levels of pupils, family background, and sociocultural factors may require variations in teaching within a grade block or within a single grade in a given school. It is also important to capitalize on those teachable moments at which the students are usually most responsive. It should also be understood that the materials in this bulletin may serve as springboards to other topics of concern.

Suggestions for Time Allotment. The time alloted to the teaching of *Family Living including Sex Education* will vary according to grade level. In the early and middle grades, instruction in this area may be integrated into such curriculum areas as health education, science, home economics, social studies, and language arts. Beginning in grades five and six, more direct teaching may be initiated. In the junior and senior high schools, family living including sex education is an integral part of health education. Sufficient time to achieve the objectives of the program should be allocated. In some instances, separate elective courses in family living including sex education may be considered in order to provide additional instructional time.

Relationship to Minimum Teaching Essentials. The schools have a basic educational concern for the emotional, social, and physical well-being of pupils. Because the school has the unique opportunity for reaching children and teenagers during their critical period of growing up, they are able to supplement and reinforce the efforts in family living and sex education offered in the home and by religious institutions.

The content information contained in the *Family Living including Sex Education* curriculum complements the minimum teaching essentials for the health education areas of mental health and human growth and development.

Implementation Strategies for School Administrators

In a recently conducted study on sex education programming, principals of public schools in the state of Indiana were asked to react to a set of sex education guidelines compiled from state department of instructions and a review of literature. The following guidelines or strategies were generally accepted by these school principals as providing a pragmatic approach to the development and implementation of a sex education program.

- Provisions should be made for periodic evaluation and/or revision of the sex education program (SEP).
- The SEP for a given school district should reflect the particular interests, needs and mores of that community.
- Provisions should be made to ensure the confidence and competence of sex educators.
- Provisions should be made for the review of all instructional materials used in the SEP by interested parents and citizens.
- Provisions should be made to keep the community aware of the development of a SEP.
- The curriculum should stress sex education versus sex information. It should provide for the development of healthy, positive attitudes toward human sexuality and an appreciation of its potential for promoting personal growth and social responsibility.
- The decision to develop an SEP should be made by the individual school district.
- The sex education curriculum should be developed by professional educators acting on the recommendations of a Citizens Advisory Committee.
- Provisions should be made for a written curriculum guide for the SEP.
- Provisions should be made for individual counseling and guidance for those individuals expressing a need for assistance beyond the scope of the SEP.
- Provisions should be made for the development of a Citizen Advisory Committee to provide assistance in guiding the development and implementation of the SEP.
- Provisions should be made for sex educator training by institutions of higher learning.
- No specific areas of human sexuality should be automatically precluded from inclusion in the SEP until given thorough consideration by the Citizens Advisory Committee.
- Provisions should be made for pilot programs to validate the effectiveness of the SEP.
- Provisions should be made for the development of elective courses dealing with special topics related to sex education.
- The successful development and implementation of a relevant SEP is greatly dependent upon the initiative, leadership, and support of the school principal.
- Consideration should be given to the use of consultants when developing the SEP.
- The SEP should be integrated into the entire curriculum and not just in specific courses such as biology and health.
- The state should provide guidance and support for the development of SEP.
- Provisions should be made for an adult SEP to parallel that of the students.

Teacher Strategies

Essential to the success of a family living and sex education program is the creation of a classroom environment which is open and honest. This encourages students to willingly express their questions and concerns, to examine their own values, and to gain awareness and sensitivity to the concerns and values of others. However, student privacy should be respected.

The following classroom methods and teaching strategies are samples suggested in this curriculum, and are designed to assist the teacher in achieving specific instructional objectives or expected outcomes. Teachers may select and adapt these strategies according to their own particular talents, the nature of students being taught, and their relevance to the selected instructional outcomes.

Feeling Circle (Magic Circle). The feeling circle is particularly useful with elementary pupils. It can be used as a sharing or problem-solving method for the class, a group or an individual pupil. A small group sits in a circle, usually with the teacher as discussion leader, sharing reactions and ideas.

The Feeling Circle gives the teacher an opportunity for developing pupil skills in self-expression, listening to others, taking turns, attending to and remembering what was said, and learning to think before they speak. Pupils learn, as a result, to express their feelings, needs and ideas in ways that are socially acceptable and thus effective for them. Example: "How do we feel about people whom we consider different from us?"

Brainstorming. Brainstorming can be used to teach students to respect and build on their own and others' creative abilities and to acquire the experimental frame of mind necessary for critical thinking and effective problem-solving. Brainstorming develops an awareness of a range of possible alternatives, often bringing out some very useful suggestions. An important element of brainstorming is that the students themselves have provided the suggestions: they are active participants in the learning experience.

Brainstorming can be done as a full-class or small-group activity. The procedure is described below.

1. Introduce the topic of brainstorming. It can be described as a first step in problem-solving, a method for identifying the maximum number of ideas for consideration. Emphasize that the only rule is to spill out ideas as quickly as possible, without discussion of your own thoughts or the thoughts of others.

2. Divide the class into random groups of three to five students. Each group should have paper, pencil or pen. Have each group select a recorder.

3. Instruct the groups to think of as many ways as they can, for example, to prevent rape. The recorder lists these on the paper.

4. Give the groups ten minutes to record their ideas. (If any groups lose steam ahead of time, encourage them to keep trying.)

5. Ask each group to choose its two most important ideas to be shared with the entire class.

6. Post the lists so that everyone can see how many ideas emerged in a short time.

7. Decide which ideas can be put into effect.

8. Select a planning committee to combine ideas.

As a follow-up to the activity, ask the class the following questions:

1. Was this a good way to get people to listen to your ideas?
2. Were many good ideas expressed?
3. Can you think of other times we might use this method of sharing ideas in the class?

Lecture-Discussion. A family living/sex education program that relies heavily on lectures, whether presented by the teacher, an outside resource person, or through the media, will not be effective in meeting the goals of the program. When used properly, however, the lecture-discussion method may be the best way to handle a particular instructional objective.

Lecture-discussions may be used to present case studies, hypothetical situations, critical issues or other motivating topics that arouse student interest and set the stage for student activities that follow. Demonstrations may also be included, such as one given by community health professionals on family planning methods. Wherever possible, background information should be researched by the students themselves, rather than presented in lecture format by the teacher or community health professional. The teacher's role is to guide student activity, raise questions, and evaluate student progress.

Discussion. Discussion has several purposes: to develop interest in a new topic; to test understanding of concepts and experiences; to exchange opinions and viewpoints; to develop critical thinking, critical listening, and clear discourse; and to facilitate awareness of misleading, irrelevant, and false statements.

Either the teacher or a qualified student may take the leadership role in initiating and facilitating discussion. The teacher should respect each student's beliefs and encourage the expression of personal opinions, while also encouraging students to listen carefully and thoughtfully to the views of others. The teacher should accept, rather than judge, statements that are emotionally based, question erroneous statements, and suggest authoritative references available to the students. Example: "What criteria do we use for selecting friends?"

Fish Bowl. The Fish Bowl is a technique that enables the classroom teacher to create a small group experience without losing the attention of the class. All the students have an opportunity to get involved, have their say, hear how others perceive a situation and decide on a mutually acceptable solution in an orderly, democratic fashion. The procedure for Fish Bowl is as follows:

Step 1. The teacher asks for six volunteers to sit in a circle in the center of the class. (Bean bag chairs are especially good for this activity.)

Step 2. A seventh chair is placed within the circle.

Step 3. The rest of the class stands or sits around the outside of the circle and chair.

Step 4. The six volunteers discuss the problem and say whatever they want to say, while the rest of the class listens.

Step 5. A student on the outside who wishes to say something must sit in the empty chair and wait to be recognized by one of the others in the fish bowl. Once recognized, this student can briefly state whatever she/he wants to add, clarify or question, then must vacate the chair for someone else.

Possible class problems that could be solved using this activity include loyalty, breaking rules, interfering with the rights of others, and sex stereotyping.

Problem-Solving/Conflict Resolution. Learning to resolve a conflict situation between individuals and groups without sacrificing one's identity, self-respect or control over one's life can be one of the most important life skills anyone can learn. In order to arrive at a solution to a conflict that is mutually agreeable and which allows everyone involved to feel satisfied, it is important that one must learn how to communicate without demeaning another. The problem-solving methods described below can be used in any conflict situation to help acquire decision-making skills. Some examples in family living/sex education include: how peer pressure comes into conflict with one's family values, or informing one's partner about his/her contact with STD (sexually transmitted diseases).

Traditional Model for Problem-Solving:

Step 1. *State the Problem:* Participants state the problem as they see it and how they feel about it without blaming, criticizing, judging or shaming.

Step 2. *Define the Specifics of the Problem:* Participants then note the points of agreement and disagreement.

Step 3. *Brainstorm All Possible Solutions:* Participants contribute as many ideas as possible to show how the conflict may be resolved, to create an awareness that there may be a number of ways to deal with the problem.

Step 4. *Identify the Consequences:* Participants select the most suitable situations from the list they brainstormed and outline the consequences of each.

Step 5. *Choosing a Solution:* Finally, participants evalute suitable solutions and consequences and agree on one solution that is acceptable to all.

Force-Field Analysis Model. Another process that can be used in conflict resolution is the force-field analysis. In any conflict situation there are opposing forces. Some of these forces help an individual to move toward a desired goal. Other forces may interfere with goal attainment. In a force-field analysis, the individual analyzes the forces that are operating, examines the advantages and disadvantages of courses of action, evaluates them, and decides whether or not to pursue the goal. The steps involved in the force-field analysis include:

Step 1. Divide a piece of paper into four columns.

Step 2. In the first column, write the conflict or problem which exists.

Step 3. In the fourth column, write the goal that you wish to reach.

Step 4. In the second column, list the forces (advantages) which operate to support goal attainment.

Step 5. In the third column, list the forces (disadvantages) which operate to interfere with goal attainment.

Step 6. Identify the consequences of each advantage and disadvantage.

Step 7. Evaluate the advantages and disadvantages in terms of gains and risks.

Step 8. Choose a plan of action that includes goal attainment, rejection of the goal, or changes in the goal as originally stated.

Decision Story Model. A decision story is an open-ended, brief scenario describing a health problem in a real-life context. The story is based on an actual or simulated situation which is perplexing and troublesome to children and adolescents. These real-life open-ended problems promote a process for considering individual, family, religious, and cultural values and factual information in making effective decisions.

A decision story has three parts: the title, the narrative, and the focus questions which trigger discussion and introduce students to the central issue.

Title: "Afraid to Wait"

Narrative: Steve is 17 and has graduated from high school. He has been promised a full-time job working in the body shop where he has worked part-time during summers for two years. Mary is 16. She has another year of high school. Mary and Steve have dated for three years. They love each other very much. Steve wants to get married. Mary does too, but she's a little bit unsure because she has a year of school left. Mary's mother, who quit school to get married and start a family, is particularly upset. Steve's parents have no strong feelings either way. Mary is afraid she might lose Steve if she doesn't marry him now. If she does marry Steve now, she is afraid she won't be able to finish school, hold down a part-time job and keep house. She is afraid to wait and afraid not to.

Focus Question: What should Mary do?

Steps for Processing Decision Story Model:

1. Defining the problem	1.1 Motivating Phase: A brief warmup related to the major situation or problem depicted in the story.
	1.2 Presentation of Decision Story: Most stories can be read aloud.
2. Identifying possible solutions	2.1 Individual responses: These are written by students to enable them to think through their positions.
	2.2 Sharing individual responses: This generates a list of all possible solutions. These can be written on the chalkboard.
3. Gathering, validating, processing information, values	3.1 Small group phase: Offers an opportunity for the best possible decision(s) for the story. Students work toward a consensus on the so-called best decision(s).
	3.2 Large group phase: Enables students to hear various points of view as well as to present their supportive reasons for decision(s).
4. Making a decision	4.1 The student is asked to consider the decision story again in light of group work.

Role Playing. Students assume different roles and improvise dialogue as they act out a problem situation. Role-playing provides an excellent method for helping students learn about their own attitudes and behaviors and find new ways of dealing with problems. As a follow-up to a role-playing activity, the class discusses what occurred in the role-play and how everyone felt about the interactions. This method may be used in small groups, or with one small group role-playing before the class. An example could be a situation in which Maria invites her boyfriend home to meet her parents. Maria's parents feel that she is too young to have a steady boyfriend.

Dramatization. Students act out stories, dramas, skits or situations written by a teacher, student or author. Dramatization is used to illustrate how other people have dealt with different problems or situations. As a follow-up to this activity, discuss what happened, student reactions, and what they might have done differently from the characters in the drama. This method is best used as a supplement to other forms of instruction and should be selected and evaluated on the basis of its educational potential, not its entertainment value. Example: Mike is treated for gonorrhea. He tells his girlfriend to go to the clinic. She goes to her family physician and asks for a general checkup, and does not discuss with the physician her contact with STD.

Plays and Stories. A group writing project may include an entire class. Students should be given a pertinent theme; the play or story should teach a concrete lesson in a practical situation. Acting out the plays or stories provides additional experiences geared toward the learning goals. Plays and stories may be enhanced by being open-ended, allowing students to provide alternative answers or endings. Example: A child's parents are getting a divorce.

Sentence Stems. Sentence stems are found in a number of places in the curriculum, but may also be created by the teacher or by students. The purpose of a sentence stem is to draw out a reaction, facilitating self-expression and communication. Sentence stems may be used as discussion starters; to increase awareness of individual similarities and differences; or to obtain class reactions to activities, events, etc. A very useful sentence stem for evaluation of a curriculum activity is the "I learned . . ." statement, which students may complete at the end of the activity. Example: "I learned better ways of communicating my feelings to parents and friends."

Social Barometer (Value Voting). This provides a simple and rapid means for each student to make a public affirmation on a variety of value issues. This strategy also helps students understand how differently people can evaluate a particular issue. The teacher reads aloud a question to which the students respond by a show of hands or by moving to a designated section of the classroom. Example: Will you raise your children more strictly than you were raised? The teacher may then ask for reasons for students' votes.

Research. All students need to learn the skill of accessing accurate, reliable information as a basis for making decisions throughout life. While research activities should not become a major focus of the curriculum, it is necessary for students to learn where to go to obtain information on a topic, how to interpret what they read (or hear), and how to communicate to others what they have learned. Research activities should make students aware of a broad range of information sources—community and government agencies, people with specific expertise, newspapers, government reports, journals, books, pamphlets, television and encyclopedias. The information students obtain can be shared through oral or written reports, discussions or student-constructed visuals. Example: Research types of menstrual protection available and the advantages and disadvantages of each type, or research the facts concerning a "test-tube" baby.

Interviews. Interviews are a learning technique in which a small number of selected individuals are questioned on a specific topic. Since the purpose of an interview is to obtain, record and report opinions and information accurately, students learn social and communication skills through this process as well as insights regarding human behavior which they may not have obtained in less-controlled circumstances.

Teacher direction and assistance may be necessary to help students form clear, unbiased and relevant questions for their interviews, and interpret objectively the information obtained. Example: Interview a pregnant woman and her spouse about their feelings concerning having a child; or interview grandparents to compare family responsibilities then and now.

Surveys. Individuals, committees, or the entire class may conduct surveys. Each step in planning and carrying out a survey has potential educational value. Ideally, a survey should lead to action if the results show that action is needed. This ideal may not always be realized in the classroom situation, but awareness of the needs of the community is at least sharpened. A survey involves preplanning, collecting, analyzing, interpreting and evaluating data and reporting the findings to the class.

The teacher's role is to guide the students so that they will secure the information they are seeking and interpret and evaluate it correctly. If oral or written questionnaires are used, the teacher's help may be needed to ensure clarity and ease of administration and tabulation. When community facilities such as VD or pre-natal agencies are used, proper prearrangements should be made with the agency and a follow-up thank-you letter sent. If students plan to evaluate their findings, care should be taken that the criteria used are sound. Example: Survey of live births to teenagers in a particular health district.

(**Note:** If a sophisticated study is planned, it is suggested that teachers use school and/or community expertise in sampling, analyzing and interpreting information.)

Self-Constructed Visual Aids. Aside from providing a useful outlet for creativity and originality, self-constructed visual aids enliven instruction and help clarify, simplify, emphasize, interpret, and reinforce learnings. Symbolic representation of data may be used through charts, tables, diagrams, maps, graphs, posters, cartoons, diagrams, mobiles, and combinations of these. Charts, tables, graphs, and maps are effective in disseminating information in a compact form while posters and cartoons, by their potential emotional impact, justify their use in the classroom because of their possible influence on attitudes. Student-constructed visuals may also play a major role in reinforcing the program outside the classroom walls, obtaining needed community support for the program. Example: Create a montage using newspapers and magazines showing who you are.

Dialogue Writing: This form of writing parallels verbal role playing in the classroom. Students get involved with their "silent conversations" and feelings by preparing a dialogue. Subjects of the dialogue may be: how to say no; or parents explaining sex to their child.

Writing: Students may find it easier to express themselves in writing than to openly discuss their feelings. To ensure complete freedom of expression, this writing may be done anonymously.

The IALAC Story is told to illustrate how one's self-concept can be destroyed by others. It can be a very powerful and moving experience for students of all ages.

Take a sheet of paper and write the letters IALAC (pronounced I-ah-lack) on it in large bold print. Holding this to your chest so that the students can see it, tell them "Everyone carries an invisible IALAC sign around with them at all times and wherever they go. IALAC stands for 'I am lovable and capable.' This is our self-concept, or how we feel about ourselves. The size of our sign — or how good we feel about ourselves — is often affected by how others interact with us. If somebody is nasty to us, teases us, puts us down, rejects us, hits us, etc., then a piece of our IALAC sign is destroyed. [Illustrate this by tearing a corner piece off the sign.] I am going to tell you a story to illustrate how this happens in everyday life." Then proceed to tell the students about a boy or girl who is the same age they are. Pick a name that no one in the class has. As you tell the story try to be emotional and dramatic. End the story by showing the child going to bed with an IALAC sign about as big as a quarter! When you finish, ask the kids to discuss the following questions.

> *How does your IALAC sign get torn up? What things affect you the most? What do you do that destroys the IALAC signs of others — in school, family, etc.? How do you feel when your IALAC sign is ripped? When you rip someone else's? What can we do to help people enlarge signs rather than make them smaller?*

The IALAC story was originally conceived by Sidney Simon and Merrill Harmin. Simon has recently written and published the story for use by students and teachers. For a copy, write Argus Communications, 7440 Natchez Avenue, Niles, Illinois 60648.

Evaluation

Measuring the program's effectiveness in fulfilling stated outcomes should be an integral part of the program. The following models of evaluation can serve as a guide to teachers in their assessment of pupil knowledge, attitudes and decision-making skills in family living and sex education. These models were developed by the Michigan Department of Public Health, Bureau of Personal Health Services:

Lesson—Learning Outcomes	Model or Method of Evaluation	Criteria	Feedback Mechanism	Example
The student will know specified facts and be able to define and use concepts appropriately	**Written assessment**	% correct, source of correct information specified; pre and post test	Return of results, with opportunity to discuss or seek correct responses	Multiple choice test of knowledge of conception
Students will exchange ideas and will respect the rights of others to their own opinions	**Discussion** with observer or survey report using checklist or values	Before and after comparison of survey or checklist results	Sharing report from observer or summary report of surveys	Discussion: the advantages of being (male) female
Students will be able to work together to complete a particular task				Design a contract for family cooperation
Students will be able to identify particular concepts or principles operating in the behavior of others	**Observation** Self-reporting on a form; inclusion of examples of the behavior	Correctness in matching behavior and concept; comparison of independent report for inclusions and omissions	Comparison of two reports and discussion; critical review by an independent observer	Watch a film and record examples of sexist behavior
The student will demonstrate understanding of the position or point-of-view of someone other than her or himself	**Role Play**	Predetermined checklist of examples or qualities desired	Interaction in role play; observer comments; group debriefing	Students will take the roles of parent and teen discussing the pregnancy of a 16-year-old friend
Students will be able to communicate to others information they have understood themselves	**Written or Oral Report**	Independent review for correct information, thoroughness as outlined in original assignment	Interchange in oral report; written or oral comments at conclusion	Report on one method of contraception—how it is used and what its advantages and disadvantages are
Student will be able to apply what they have learned				
Self-assessment of attitudes or values will indicate more comfort in discussing sexuality	**Opinion Scale**	Before and after comparison	Self review of results, measurement of change about aspects of boy-girl relationships	Complete the questionnaire indicating attitudes
Students will be able to to use each of the steps in the process of completing the task	**Decision-Making Task, step-by-step report**	Checklist of steps and subordinate tasks to be completed	Review of checklist, independent review and comments on inclusions and exclusions	Work with another student and describe how you arrive at a decision to tell a third friend you are angry about his or her behavior

Reprinted from *Preparing Professionals for Family Life and Human Sexuality Education*, by Frances W. Hamermesh for the Michigan Department of Public Health, Bureau of Personal Health Services, 1978.

Levels of Psychosexual Development *

It is particularly important for teachers working in the area of family living and sex education to understand as fully as possible the levels of physical, psychological and social development of the children they are teaching. Knowing their interests and concerns, their strengths and inadequacies enables the teacher to select the concepts in family living including sex education for which the children are ready; helps them to develop these concerns most effectively; and guides them in their choice of appropriate books and audio-visual aids.

The teacher is urged, therefore, to become familiar with the psychosexual levels described in the pages which follow. Since children grow and mature at their own rate, they may exhibit characteristics of levels before or beyond that of their age group. It is helpful, for this reason, for teachers to be familiar with the characteristics of children younger and older than the children they are teaching. This will enable them to further individualize instruction in family living including sex education.

Four-to-Five Year Olds

Four-to-five year old children are extremely self-absorbed. At this age when they are starting school, they are much more concerned with their own identity than with the characteristics or needs of others. As they progress through the prekindergarten and the kindergarten stages, they develop a constantly increasing awareness of others. They are becoming more perceptive of the special characteristics of mothers and fathers, boys and girls, parents and other adults. They begin to realize slowly that others, too, have needs and rights, and that they may have to wait to have their own needs satisfied. This gives rise to an inner conflict, and clashes occur with parents, siblings, friends and teachers. Rages against a sense of frustration when they cannot have their own way are momentary but very intense. It is this process of being frustrated at times and of not having every wish satisfied that leads children at this age to a realization of others as separate persons. A major task of the child during this period of growth is the establishment of personal identity.

It is difficult to give up the possessive ways of infancy; the egotism, the selfishness, and the jealousies, and to begin to make an adjustment to the demands of the world outside the home. The previous and earlier goals of gratification and attainment of pleasure begin to be forfeited to the claims of the external world.

Postponement of immediate fulfillment of every desire is to be learned.

As children assimilate the admonition to relinquish infantile behavior, they begin, primarily through identification with their parents, to acquire within themselves standards more acceptable to adults which, in turn, become the values they cherish and by which they will later judge others.

Basic value orientation is formed during this period, an orientation that will influence future learning and behavior. How parents and other adults treat or relate to children also affects their acceptance, or internalization, of values and self-image. The feelings children have about others and a perception of the feelings others have about them depend on their feelings about themselves. Self-value is related to the feelings children have about their own body. Early attitudes toward the body form the foundation for late personality development. Characteristic of this age range is a growing curiosity about one's own body, and familial relationships. It is the age of questions. The questions are not idle; they represent deep ponderings resulting from a growing awareness of these relationships. "Where did I come from?" "How did I begin?" are typical questions which indicate children's growing concern with themselves as individuals.

*The Levels of Psychosexual Development presented in this publication were reviewed by Dorothy Lee, Ph.D., Division of Special Education, School-Based Support Team.

One of the more striking characteristics of young children is their capacity for vivid fantasy. They have not yet developed sufficiently in their orientation to the real world to be able to counteract fears and anxieties about deeper feelings. Therefore children turn to the world of play to work out some of them. Play is the safety valve for hidden wishes and the discharge of tensions. Working out conflicts in the framework of play allows the children to temper their behavior in real life.

This is a period of richly imaginative activity, during which some of the most bizarre misconceptions can be formed concerning physical facts. It is for this reason that simple and accurate information about the body and its functions should be presented. The youngsters are naturally curious about their bodies and are interested in differences between their body and those of other children and adults. Children's interests include the social and cultural aspects as well as the biological aspects of sexual role differentialon. It is during this period that the child develops consistent masculine or feminine orientation. The crucial problem of the period lies in the child's need for acceptance of his/her curiosity and reinforcement of his/her sexual identification.

Six-to-Eight Year Olds

Children from six-to-eight years of age are developing more reality-oriented modes of behavior than those found in early childhood. They are learning as they move into the larger environment of school and community that they no longer have a favored position; they are one among many. They become more amenable to the idea of postponing gratification and of doing what is expected of them. The powerful drives they experienced previously have diminished as a result of the demands of parents. To a large degree, they are no longer at the mercy of instincts nor so personally engrossed with their own conflicts.

Realistic education by parents or other adults responsible for them has changed them from egotistical, demanding infants to much more reasonable young persons ready to turn their energy outward. As they gain new friends and engage in more group activities, they gradually become less dependent on parents and their relationship to them matures.

This is not to say that they no longer need their parents. They have now internalized them in the form of an inner voice known as a conscience. In the previous stage of development, children were at odds with their parents who tried to "civilize" them by controlling their unacceptable behavior and by educating them to conform to society's demands. By the time they reached six, they have, to a large degree, accepted their parents' standards, and have transformed them into values which they will use throughout life.

In redirecting energy away from inner needs and toward external activities, children in the six to eight category become increasingly more interested in intellectual concerns and group activities. New friends and new relationships engage their time and energy now. In addition, they begin to explore the challenging community around them.

In attempting to understand and cope with a world of expanded demands and possibilities, six year olds sometimes tend to go to extremes. They can be quite touchy and humorless about challenges to their sexual identification. Responses in social situations become more markedly masculine or feminine each year, until by the end of the eighth year, some boys and girls may reject any semblance of friendship outside their own sex.

Although great sensitivity to criticism is present throughout the entire period, the volatility and extreme reaction of the six-year-old gives way to more stability and calm by age seven. At this age receptivity to factual discussion, even about bodily functions, increases. The eight-year-old is even more at ease in communicating with adults and is better able to express sexual curiosity.

Discussions of sexuality can be very embarrassing to youngsters during these years unless conducted in a very matter-of-fact fashion. They feel more comfortable when the focus is on social rather than on biological terms.

Verbal aggression, including the use of obscenities, is frequently observed but is usually more reflective of confusion and inadequate communication skills than of deep hostility. Classroom activities can profitably focus on the formation of attitudes of dignity and respect for sexual and other bodily functions, thus helping the youngster to build a sense of personal competence and self-esteem.

Children of this age are beginning to understand concepts of love and friendship. However, the child's approach to such understanding is generally in terms of role prescription. Discussions of complex feelings can be difficult or embarrassing.

Nine-to-Ten-Year Olds

Boys and girls of this age are fairly well-rooted in reality. They have more or less come to terms with themselves, their parents, their groups, and their school. Their knowledge grows daily, and their interests increase rapidly. Extremely curious about everything, they want and are ready for facts. Not yet mature sexually themselves, they are nevertheless interested in the facts of life. Because they are preadolescent and not yet emotionally involved on a personal basis, they accept aspects of sex education as they do the facts about all body functions and other matters.

Generally, each sex is indifferent to or even hostile to the other one. It is an age for teasing and bickering, name-calling, "bad" language and "gang secrets" like signs, passwords and codes. In striving for individual identity and the beginning of independence, boys and girls regard the opinions of their friends with increasing importance.

Girls may move ahead more quickly at this stage towards physiological and psychological maturity and become extremely interested in menstruation, conception, and childbirth. Boys are especially curious and eager for sexual knowledge and usually obtain it in magazines, books, or from older adolescents. There are sometimes secret discussions and speculations about sexual activities.

Although still favoring their own sex and still somewhat awkward and uneasy with girls, boys are beginning to show an interest in the other sex, but teasing and more aggressive behavior mask any overt sexual interest. As both boys and girls move toward puberty, they begin to shift back and forth between wanting to be grown up and wishing for childhood attentions. This conflict gives rise to some reactions of unruliness, disorderliness, and stubborness, if not downright disobedience. There are mood changes as both boys and girls look forward, some with fear and apprehension and some with welcome anticipation, to their oncoming puberty. Knowledge related to family living and sex education is important so that these young people may develop positive attitudes towards their own sexuality.

It is necessary for youngsters at this age to gain deeper understanding of their physical and psychosocial growth. They are deeply concerned with what will happen to them as individuals and require knowledge of these specifics prior to their own sexual maturation. Because they are constantly exposed to a variety of information and misinformation about sexual matters in today's society, they are in great need of factual data.

Eleven-to-Thirteen-Year Olds

In the eleven-to-thirteen-year stage, children are embarking upon the struggle to develop a relatively autonomous self in preparation for independent adulthood. In so doing they seek to control their dependence on their parents by transferring some of the emotional attachments they have to them to others of the immediate family. "Pal" relationships with peers of their own sex acquire greater significance as they meet the need for new attachments. As they realize their continuing and inevitable dependence on parents and teachers, they often experience conflict and anxiety. Consequently, they may tend to withdraw from the adults with whom they had previously enjoyed close attachments. Irritable, defiant behavior may support this withdrawal. On the other hand, crushes on adults and admiration of popular figures are likely to emerge as less threatening forms of attachment to adults.

During this period, young adolescents try to establish their identity further by working toward their own code of moral and ethical values. In order to do so, they wrestle with absolutes of right and wrong and are acutely aware of inconsistencies in the behavior of others, especially in the behavior of the significant adults in their lives.

At this age, young adolescents begin to examine role definitions. In this way they gather data upon which to base their emerging self-identity. They are concerned with many questions: How should a husband and wife relate to each other? How should siblings deal with each other? How should a mother or father act toward a boy or girl? The "should" and ideal models which result often give rise to anxious doubting and criticism of self and others. Young people at this age are often reassured by being helped to understand the varieties of human encounter.

While sexual and aggressive drives are just beginning to emerge, they may be frightening to the early adolescent. Since bodies are changing, anxious self-scrutiny focuses on fear of abnormality. Girls are self-conscious about breast development or lack of it. They worry about menstruation. Boys are concerned about their strength and height. Very often size and physical development determine choices of companions and become a basis for self-esteem.

Some young people are very much concerned about masturbation and the feelings of guilt which frequently accompany this behavior. Opportunities to discuss the changes that may be taking place within themselves with informed, understanding adults are most important.

Early adolescents often relate inconsistently to adult authority. They question, challenge, idolize, are hypercritical and dependent, often all at the same time. They are very interested in aspects of human behavior, such as manliness, womanliness, motherhood, etc., and seek to apply these conceptualizations to themselves and to others close to them. As the teacher helps them to find a realistic view of behavior (their own and others) they are less moved to prove themselves in extreme ways. It is important to help them think issues through for themselves, especially since they are intolerant of directive absolutes, and are ready to establish an independently integrated value system. While they are still strongly influenced by adult opinion, they are even more interested in the opinions of their peers, so that classroom discussions are especially relevant at this time. Frank discussion of sexual matters produces considerable anxiety and embarrassment as well as curiosity, hence the jokes and snickering. However, facts about bodily changes and role behavior hold the attention of the early adolescent and are important at this time. Young people of this age need to be reassured about the normality of sexual feelings and helped to establish controls. The most important challenge to the teacher is to reinforce the eleven-to-thirteen year olds' self-esteem in their search for competence in preparing themselves to deal with the issue of adulthood.

Fourteen-to-Sixteen-Year Olds

Fourteen-to-sixteen-year olds are essentially self-conscious and self-concerned. They are struggling to cope with a changing body image, to develop controls over emotional drives that are more imperative now than they have been at any time since early childhood, and to find a place in the world as an autonomous, decision-making member of society.

At this age one notes a considerable range of physical development. Some may still be at the preadolescent stage; other may have already achieved the physical growth of adulthood. The highest percentage of concerns voiced by this age group are those which involve worry about physical appearance. Worries about weight, skin problems, and good looks reflect preoccupation with changing bodies. These anxieties are accompanied by fear that all may not turn out well.

Another apect of this self-consciousness is an easy vulnerability to hurt feelings. Self-esteem is shaky. The testing ground selected for proof of worth is most frequently the area of heterosexual attractiveness. Many young people worry about popularity. Some adolescents withdraw socially so as to protect themselves from rejection. The need is to be accepted, to be attached, to be sought after. Regardless of the facts of their social situation, they are rarely secure in their acceptance by peers and adults. Loneliness is frequently referred to as a problem, particularly by girls. They are looking inward with the question, "Can I make it?"

The questioning of self is accompanied by questioning of the basic assumptions previously taken for granted. They are scrutinizing their religious beliefs and practices. They seek people, especially peers, who demonstrate loyalty, truthfulness, and consistency.

At this stage, attachments to both parents are especially intense and may be full of conflict. On one side of the conflict is renewed possessiveness and demand; on the other, the continued effort to withdraw from dependency. The anxiety that this struggle produces is not far from the surface of the average boy and girl of this age.

One of the ways that family issues are dealt with is to focus on patterns of adulthood. Girls are interested in the roles of womanhood; boys try out the ways of the men whom they respect. They shift back and forth from protesting adult ways to assuming such ways themselves. Thus, they become fortified by identifying with both sides of the generation gap.

They are beginning now to test out heterosexual closeness on a more mature level rather than one which primarily meets needs for dependency and attachment. In their hurry, however, they are often pushed to assume precocious postures. The teacher must bear in mind that at this time the adolescents themselves often are aware that they are not yet ready for the behavioral patterns which they are assuming. The fact that they are not emotionally ready usually precludes their experiencing pleasure from behavior which is gratifying to those who are more mature. The question arises then as to why young people assume such joyless burdens. They do so for various reasons: for example, to meet what they perceive to be the expectations of their peers, to declare to themselves and to the world emancipation from childhood dependence and restrictions, and to provide themselves with practice for the adult patterns which later will be legitimately theirs. Also, one should not underestimate the attraction of risk and limit-testing.

It is at this stage and at the next one that their greater comfort and ease with members of the same sex, in combination with unstable controls over sexuality and a quest for adventure, sometimes results in homosexual experimentation, especially on the part of boys. Homosexual fantasies and homosexual behavior observed in others are as much a source of anxiety as are the firsthand experiences of some adolescents. Almost all of the young people, however, go on to normal heterosexual adjustments in adulthood.

In summary, the teacher of the fourteen-to-sixteen-year-old deals with a teenager who is shifting from making excessive demands on adults to protesting even casual interest in his affairs by the

same adults. The teacher is dealing with young people who are troubled about acceptability, particularly to peers. They may be struggling in very deep water. Help will come from understanding, acceptance, and from the fortification that results from the knowledge that they are not alone, or different in their self-doubts and fears. They are interested in basic physiological information about sexual response, fertilization, and embryology. They are also seriously interested in information about homosexuality, prostitution, sexually transmitted diseases, abortion, illegitimacy. They need to learn how to pace their behavior to their emotional readiness; such readiness will differ widely for adolescents. Practical matters of how to ask for a date, how to act on a date, how to look attractive, and how to be popular are of great interest. Romantic fantasies and reactions to the sexual content of the popular media and to the demands of peers require anchorage. Fourteen-to-sixteen-year-olds are usually in a stormy phase of adjustment and need to discuss their questions directly and candidly with informed and understanding adults.

Seventeen-to-Eighteen-Year-Olds

Seventeen-to-eighteen-year-olds are further consolidating their preparation for adulthood. They relate to adults with critical scrutiny of their ability to measure up. Teachers and parents are put to the same test.

Older adolescents become interested in viewing their own families in what they consider to be objective terms, and they are interested in the family as an objective concept. The function of the family roles of members and variations in composition are of interest both intellectually and emotionally to the adolescent.

They are now reaching toward heterosexual relationships which they are sufficiently mature to establish as reciprocally responsible peers in courtship. They are grasping for personal codes that are also socially helpful since the need for self-affirmation via popularity remains an important issue. Thus, they struggle with the pressures of heterosexual behavior demands. Their questioning about values and behavior — petting, necking, sexual intercourse, contraception, illegitimacy — represent a search for information with which to establish a personal code of behavior. This questioning helps young people to deal with both currently experienced and anticipated conflicts for purposes of decision making. They are interested in knowing how to judge whether they are really in love. All of these issues are intensely personal.

One of the ways in which the teacher can be most helpful at this stage is to train the adolescent in responsible decision making. Collecting data from differing sources, evaluating the validity of information, weighing the consequences of various decisions and relating to one's own feelings and circumstances may be taught directly with far-reaching effects.

Seventeen-to-eighteen-year-olds are interested in basic sexual information and will analyze this information in great depth. Their own feelings cause concern. Those of the age group who have developed prohibitive restrictive codes will worry about normal sexual responsiveness. The sexual wish or fantasy is seen as equivalent to the act. Some boys will be inclined to react to sex drives as urgencies; some girls will be more interested in the social aspects of hetrosexual relationships. Both boys and girls will be dealing with issues of management of feelings in a setting of responsibility to themselves and to each other. Since these young people are now exposed to a legitimization of a wide range of heterosexual behavior, they are all the more involved in working out a position for themselves. In so doing, they may sharply challenge the very behavior they wish to believe in. Experimentation with ideas may also be accompanied by experimentation in behavior. All of this they need to talk about with both peers and adults.

Older high school students are wrestling with the concerns of adulthood, but they are still faced with problems of childhood. Feelings of esteem, competence, self-acceptance, comfort with self-expectation and expectations of others are basic considerations. Specific adult problems of spouse choice, family planning, budgeting, and family roles may be built upon this base.

Prekindergarten to Grade 2

CONCEPTS

- ***Curiosity about oneself and others is natural.***
- ***Animals and humans need families.***
- ***Living things produce other living things of the same kind.***
- ***Human beings and other animals begin as fertilized eggs.***
- ***Families vary in the amount of care they provide for their offspring.***
- ***Family members show love for each other in many ways.***

OVERVIEW: PRE-KINDERGARTEN TO GRADE 2

CONCEPT: Curiosity about oneself and others is natural.

Expected Outcomes:

- to begin to evaluate who I am
- to recognize that other people share our world
- to evaluate where I fit with myself and others in this world

CONCEPT: Animals and humans need families.

Expected Outcomes:

- to define a family
- to identify why human families begin

CONCEPT: Living things produce other living things of the same kind.

Expected Outcomes:

- to understand that all living things reproduce themselves
- to recognize that a male and female are needed for human and animal reproduction

CONCEPT: Human beings and other animals begin as fertilized eggs.

Expected Outcomes:

- to recognize that some animals begin as eggs that develop outside the mother's body
- to recognize that some animals and humans begin and grow as a fertilized egg inside the mother's body
- to describe the incubation process

CONCEPT: Families vary in the amount of care they provide for their offspring.

Expected Outcomes:

- to recognize that all kinds of families prepare for the birth of their young
- to recognize that some offspring receive a great deal of care while some offspring receive little care
- to recognize that human babies are totally dependent for a long time

CONCEPT: Family members show love for each other in many ways.

Expected Outcomes:

- to recognize the relationship between being in love and forming a family
- to recognize that family members show love for each other.

CONCEPT: ***Curiosity about oneself and others is natural.***

Expected Outcome: To begin to evaluate who I am.

Motivation: We see the *outside me,* feel the *inside me,* and act out the *emotional me.* As we grow we may wonder, "Who am I? Where did I come from? How did I begin? Who are all these people around me?" Today we are going to begin to explore the *outside me* and the *inside me* . . . and the *emotional me.*

Strategies: ***The Outside Me***

Mirrors: Let's take a good long look at ourselves in the mirror. What are some of the things we see?

Eyes (2), ears (2), nose (1), mouth (1),
arms (2), body (torso) (1), legs (2)

Planes: front of the body, back, sides.

Note: If children remark on sex differences, accept their comments and substitute correct terminology.

Display: pictures of boys and girls.

Sex classification: some of us are *boys* and some of us are *girls.*

Realize similarities and differences in body parts, body planes, same sex, opposite sex.

School Health Day: Refer to height-and-weight cards and note differences in height, weight, age, color of skin, hair, eyes.

Body prints: Using butcher-block paper, students working in pairs trace their body lines and cut out the shapes. Have the students locate and draw body parts on the cutouts using crayons or chalk. Display and discuss. List similarities and differences.

Select: activities and games from the chapter "The Body and its Parts" in New York City Board of Education Publication *Physical Education: A Movement Approach* (see Bibliography, p. 252).

My study of me: Ask students to bring in baby pictures and to assemble photo albums to show themselves at different ages.

Family tree: The students draw a family tree, with pictures of grandparents, parents, and children.

Who Am I?: Have pupils prepare an index card describing two or three of their physical characteristics, *i.e.,* brown hair or blue eyes, and a few interests or hobbies such as stamp collecting, or playing basketball.

CONCEPT: ***Curiosity about oneself and others is natural.***

The Inside Me

Sensory experiences:

- Ask children to place their hand on their heart to feel its action, first with their body at rest, then after activity.
- Ask children to touch the parts of their body where a pulse may be detected to feel the pumping of blood through the body and its parts.
- Ask children to take deep breaths while putting their hand on their chest and blowing all the air out. Ask them to feel the air and to describe what happens to the chest cavity.
- Provide children with a variety of tactile experiences. For example, have them rub fur on their arms. Ask them to describe how each material feels. Other materials could include cotton, wood, sand, water, soap and water (lather), something hot, something cold. Discuss each one used.
- Listen to sounds—for example, stringed instruments vs. horns. Discuss sensations and feelings.

Looking at the parts of the inside me: Select a chart such as "Human Body" which shows internal body parts and systems (see Bibliography, p. 285).

The Emotional Me

NOTE: It is important for children at an early age to begin to identify and define emotional feelings. It is also important for children to know that their behavior can and may change in certain situations. Knowing the reason why is important for them.

Feelings: Feelings listed on the chalkboard or on flashcards are evaluated. Is each one:

Happy_____ Sad_____ Angry_____ Frightened _____

Brainstorm: Small groups develop a list of words that express the same feelings. "Glad, good, joyful, up, excited" are examples of words that might be listed for "Happy."

Role play: Assign small groups to role play the following situations.

- You wake up at night because you've had bad dreams, heard someone fighting on the street.
- Your family is moving to a new city and you must say goodbye to your friends.

CONCEPT: ***Curiosity about oneself and others is natural.***

- You are the only one on your block who doesn't have a bicycle. It is your birthday and upon opening your closet you find a shiny new bicycle.
- When asked what you want for your birthday, you reply, a bicycle. Your birthday arrives and when you receive your present you find new clothes.
- You are visiting your grandparents for the holiday. It is your first plane trip and you are going alone. Your parents make arrangements to have the flight attendant look after you during the flight.

Build a role-play portfolio by developing other emotional situations which students can act out.

Role play follow-up:

- What messages do you feel the characters in the play were portraying?
- How were the characters feeling? How could you tell?
- What happens to your body when you are feeling happy . . . sad . . . angry . . . disappointed? Teacher should explain body language to
- Did the characters show their feelings with that kind of body language?
- Have you ever found yourself in similar situations? How did you feel? What did you do?
- Do you always want to share your feelings? Why or why not?

PS 33, Manhattan

CONCEPT: ***Curiosity about oneself and others is natural.***

Expected Outcome: To recognize that other people share our world.

Motivation: Who are the people (groups) in your life that are important to you?

Strategies: **Brainstorm:** What is a group? List groups to which students might belong, such as family, club, friends, church, Boy Scouts, Girl Scouts. Why are these groups important to you? Discuss.

The People-in-My-Life book: Each child will assemble a book containing pages with headings such as "Groups I Belong To," "Jobs I Have in My Family Group," "Fun Things I Can Share with My Group," etc. Ask children to paint, sketch, or cut out pictures that illustrate each heading.

"Group Happening" bulletin board: Display group collages, paintings, and photos of class activities that focus on group activities.

Group evaluation time: After group activities, develop a 5-minute chatter time to discuss the group process. Try questions like these: Did everyone in the group contribute . . . equally . . . some more . . . some less . . . ? Did we accomplish more in a large group . . . small group . . . ? Why? What do you think would have happened if some people did not contribute? How did your group decide who does what job? If you had your choice, would you prefer doing the job alone or with your group? Why?

Ask students to bring in pictures of their mom, dad, brothers, sisters, grandparents, pets, etc. Add pictures to their books.

Play Show and Tell: Discuss physical appearances and the similarities or differences between students and their family members.

Draw, sketch, or paint: Depict families at work, community groups at play or at rest, etc. Discuss.

Family tree: Add other family members to the tree.

Cut out pictures: Choose pictures that represent family and community activities from magazines. Discuss the similarities, differences, size, and structure of families.

Develop poster collages: Depict family activities.

CONCEPT: ***Curiosity about oneself and others is natural.***

Expected Outcome: To evaluate where I fit with myself and others in this world.

Motivation: What is a helper?

Strategies:

Family television: Identify some current television programs or comic strip series that focus on group relationships, *i.e.,* Charlie Brown in *Peanuts.* Ask students to name the main characters and begin tracing role development.

Classroom job chart: Develop a list of jobs that can be done to make our room joyful and a place where we all want to come to learn and develop friendships. Establish separate committees to plan, prepare for, and clean up after each job.

Dollhouse corner: Set up a dollhouse corner and furnish it with items children contribute or create. Include planning for house, yard, and garden furniture and discuss family activities, finances, jobs, how decisions are made, etc. Discuss how dollhouse corner experiences are like or unlike family situations at home.

Sex role: Does being a boy or girl affect your role in family activities? If so, how?

Bulletin board theme: "Families Work Together." Display pictures focusing on jobs at home, play, or recreation. Discuss what is occurring in the pictures.

Developmental questioning: Do you have jobs at home? What kinds of jobs? Do they change? Do your brothers and sisters do the same kinds of jobs?

Teacher Information:

How children value themselves is related to the feelings they have about their own bodies. These early attitudes form the foundation for later personality development. Most children have a growing curiosity about self, the body, and family relationships. This is an age of questioning. The teacher should be a good listener, cognizant and accepting of different family structures in today's world.

Plan a parent workshop that focuses attention on role development, sex stereotypes, and behaviors characteristic of this age. (See Introduction for guidelines on organizing parent workshops.)

CONCEPT: ***Animals and humans need families.***

Expected Outcome: To define a family.

Motivation: The word "family" means many things to many people. Let's look at pictures showing families and see if we can make a "Families Are . . ." bulletin board.

Strategies: **Small-group project:** Have children bring in pictures from old magazines.

- Distribute pictures of families to each group. Ask each group to report back to the class: What kind of individuals are in each picture—animal or human, size, color? Was the biggest one always big? What was he or she called when little?
- Can you describe what is happening in the picture? Why do you feel the individuals in the picture are members of a family?
- Ask each small group to select one picture from their group that they feel should go on the "Families Are . . ." bulletin board.

Definition of family: Class decides on a definition of family and completes the phrase "Families Are . . ."

Game—Alike and Different: Display a picture of a human family and an animal family. Ask children to tell how the human family is *like* the animal family and *different* from the animal family.

Draw: Ask students to draw a picture of their family sharing a special activity. Give students an opportunity to describe their families.

Expected Outcome: To identify why human families begin.

Motivation: Display pictures of human families.

Strategies: **Discuss:** What care do mothers and fathers provide for their children? What are the needs of young children?

Assign: Have children discuss with family members their reasons for having their family. Share responses.

Invite: Ask parents to come and speak to class about their reasons for starting a family.

Teacher Information:

Teachers should be sensitive to the different family structures of the children in the class.

CONCEPT: ***Living things produce other living things of the same kind.***

Expected Outcome: To understand that all living things reproduce themselves.

Motivation: Show and discuss the film *Human and Animal Beginnings.*

Strategies: **Display pictures:** Hang pictures of the following in the classroom: rock, plant, car, baby, book, airplane, fish, dog.

- How do we know the difference between living and non-living things?

Animal study: Set up an appropriate area for male and female animals—for example, gerbils, white mice, rabbits. Bring to class. Discuss.

Secure pictures: Collect pictures of the developmental stages of various animals, for example, separate pictures of eggs, chickens, and baby chicks. Ask students to arrange each group of pictures in proper sequence.

Check or discuss:

Chicks are living things. They come from:

_____chickens _____ducks _____robins

Explanation: Chicks are living things and can only be reproduced by chickens.

Puppies are living things. They come from:

_____dogs _____cats _____mice

Explanation: Puppies are living things and can only be reproduced by dogs.

Babies are living things. They come from:

_____horses _____people _____elephants

Explanation: Babies are living things and can only be reproduced by people.

Expected Outcome: To recognize that males and females have differences and similarities.

Motivation: Display pictures of male and female animals that show distinguishing features (deer/doe, lion/lioness, rooster/hen).

Strategies: **Point to the male animal . . . female animal:** Is the male animal *larger* or *smaller*? What are the differences in the colors of their fur, feathers, skin, etc.

Point to the father animal . . . mother. Which one does the baby animal look like?

Animal projects: If you are nurturing animals in the classroom, ask students to identify males and females. Chart characteristics, size, color, sex organs.

Ask students to describe similarities and differences between male and female humans.

CONCEPT: ***Living things produce other living things of the same kind.***

Expected Outcome: To recognize that a male and female are needed for human and animal reproduction.

Motivation: Males and females have special parts which help them reproduce. Let's learn about these parts.

Strategies: **Film:** *Human and Animal Beginnings* (see Bibliography, p. 274).

Read and show to class: "The Wonderful Story of How You Were Born," (see Bibliography, p. 267).

Discuss: The special body parts in the male for reproduction (penis and the testes). The sperm or special seed is made in the testes of the adult male.

Discuss: The special body parts in the female for reproduction (vagina, ovaries, and uterus). The ovaries of the adult female produce the egg for reproduction.

Teacher Information:

The following curriculum guides are available. To obtain copies contact the Publications Sales Office or the Bureau of Supplies.

A Teacher's Directory to New York City's Museums, Zoos, and Botanical Gardens. 1975-76, No. 6.

Science Trips—A Guide to Environmental Resources in New York. 1970, 76 pp.

Adventures on the Beach—Teacher's Guide for Grades K-12. 1972, 128 pp.
(See *Our Family Works Together* series, Bibliography, p. 277.)

The following films are excellent teacher resources. Preview films and select concepts and strategies which meet the learning styles of your class. Contact the Office of Library, Media, and Telecommunications, 131 Livingston Street, Brooklyn, NY 11201.

Tad, the Frog	*Forest Babies*
Seal Island	*Fish Family*
Our Pet Show	*Baby Rabbit*
Gerbils	*Adventures of a Young Eagle*

Read stories of animals, birds, humans. Study pictures. Interview veterinarians, zoo keepers, pediatricians.

Many Community School Districts have Ecology Centers. Contact your district office for information.

If teachers wish to introduce plant reproduction, use film *Growing Plants* (see Bibliography, p. 279).

CONCEPT: ***Human beings and other animals begin as fertilized eggs.***

Expected Outcome: To recognize that some animals begin as eggs that develop outside the mother's body.

Motivation: Show pictures of many different kinds of eggs.

Strategies: **Discuss:** Which living things produce these eggs? Where do these eggs usually rest?

Bulletin board: Display pictures of environments where eggs are found: nests in a tree branch, tree trunk, pond, meadow, desert. Discuss what each environment provides.

Developmental questioning: Why do you think the eggs are in a special place? Are all eggs the same color, size, shape, quantity? What kind of animals will come out of the eggs?

Define fertilization: Fertilization happens when a sperm from the male joins an egg from the female. Reproduction begins only after an egg has been fertilized.

- Eggs are fertilized in different ways: some are fertilized outside the mother's body, as with frogs and fish. And some eggs are fertilized inside the mother's body, as in chickens and birds.

NOTE: To differentiate for young children between fertilized eggs and breakfast eggs, *reinforce the concept* that every egg must be fertilized before it can develop and be born as a baby chicken. Utilize the 4H Chicken Incubation Project of the Cornell University Cooperative Extension Program, 100 Clinton Street, Brooklyn, NY 11201, (718) 237-0920.

Steve Schulman, Staten Island

CONCEPT: ***Human beings and other animals begin as fertilized eggs.***

Expected Outcome: To recognize that some animals and humans begin and grow as a fertilized egg inside the mother's body.

Motivation: Some of the animals that we have talked about do not lay eggs in a special place, but their fertilized eggs grow and develop inside the mother's body.

Strategies: **Developmental questioning:** Can you name any animals whose fertilized eggs grow inside the mother's body? (Examples: cat, dog, tiger, elephant, human.)

Define: There is a special place in the mother's body where the fertilized egg grows and develops. It is called a uterus.

Bulletin board: Display pictures of animals with the fertilized egg developing inside the mother's body. (See "Education for Sexuality: Concepts and Programs for Teaching." (see Bibliography, p. 249).

Show and discuss: Films and slides of animal reproduction, for example, *Human and Animal Beginnings* (see Bibliography, p. 274).

Field trips: Zoos, museums, Gateway National Recreation Area, Coney Island Aquarium, etc.

Library: Collect books, magazines, and stories that relate to animal, plant, and human reproduction. Set up a corner in the room for students.

Developmental questioning: We have been looking at pictures and talking and learning about how babies develop from a fertilized egg. Do you think it is safer for a fertilized egg to develop outside or inside the mother's body? Why? Discuss the advantages and disadvantages of each.

View and discuss: The film *Salmon Run* which highlights the dangers associated with the fertilized egg developing outside the mother's body (see Bibliography, p. 278).

Claude Drey, Freelancer, Photographer's Guild

CONCEPT: ***Human beings and other animals begin as fertilized eggs.***

Expected Outcome: To describe the development of the fertilized egg.

Motivation: After the egg is fertilized, some animals wait longer than others before the baby is born.

Strategies: **Define:** Incubation period (the time from fertilization to birth).

Bulletin board: The incubation or gestation periods of several animals and of humans are shown. You may wish to add others.

Dog	63 days	*(approximation)*
Cat	63 days	
Chicken	21 days	
Human	280 days	

View: Pictures that illustrate the various stages of development of a human fertilized egg before the birth of a human baby.

View and discuss: films: *Fertilization and Birth* and *Animal Reproduction* (see Bibliography, p. 273 and 279).

Library Study: Read books such as:

Helene J. Jordan, *How a Seed Grows* (see Bibliography, p. 268).

Millicent E. Selsam, *All About Eggs* and *Animals as Parents* (see Bibliography, p. 270).

Milton I. Levine and Jean H. Seligman, *A Baby Is Born* (see Bibliography, p. 268).

Teacher Information:

Testes: The place in the man's body where the reproductive cells (seeds) are made.

Sperm: The name for the man's reproductive cells (seeds).

Penis: A special body part of the man which helps the sperm meet the woman's egg.

Ovaries: The place in the woman's body where eggs are stored.

Uterus: A special part of the mother's body where the fertilized egg grows to be a baby.

Vagina: A special opening in girls and women between their legs.

Fertilization: Fertilization occurs when a sperm from the male joins the egg of a female.

CONCEPT: ***Families vary in the amount of care they provide for their offspring.***

Expected Outcome: To recognize that all kinds of families prepare for the birth of their young.

Motivation: Bird, animal, and human parents prepare for their new babies in many different ways.

Strategies: **See and Discuss:** Filmstrip "Animal Families," (see Bibliography, p. 280).

Discuss: How nests are made. Place bits of string, cloth, grass, and twigs on a window sill and observe their use by birds.

Visit a park: Visit in spring to observe nest building.

Visit bird house: Visit one at a zoo and observe variety of nests.

Point out: Pets preparing for offspring—for example, dogs licking (cleaning) their bodies and environment in anticipation of the birth of a litter.

Bulletin Board: Display pictures of animals as they prepare for offspring. For example: Birds sitting on eggs in nests.

Discuss: Display pictures or posters that show human families preparing for the birth of a baby.

Invite expectant mother: Ask her to speak to the class about nutrition, need for regular doctor check-ups, arrangements for hospital, planning baby's room, arrangements for other children while in hospital, etc.

Read: Stories about families.

Share experiences: Children share the kinds of things that happened in their home when mom was having a baby, adopting a child, or providing foster care for a child in the community.

Discuss: Differences in the ways animal and human families make preparations for offspring.

View: film, *My Mom's Having a Baby* (see Bibliography, p. 276).

CONCEPT: ***Families vary in the amount of care they provide for their offspring.***

Expected Outcome: To recognize that some offspring receive a great deal of care while some offspring receive little care.

Motivation: Animal and human babies need help from their mothers and fathers. Some babies need more time and care than others. As baby animals grow older they find their own food. Animals generally leave their families when they learn to feed and protect themselves.

Strategies: **Observe:** the needs of newborn chicks. They require care after the eggs are hatched. How does the care received by chicks differ from the care received by human babies?

Share experiences: Ask children who keep pets to report on the length of time their dog, cat, etc., cares for a new litter, the kind of care given, etc.

Visit to zoo: Arrange for a class visit to the zoo for class observation of animal families. Before the trip, discuss some of the ways animal parents care for their young. What are some of the ways animals protect, feed, and groom their young?

View: Transparencies from the series "Animal Families."

Discuss: Animals differ in the amount of time they need to be with their parents.

Prepare: Chart showing these differences.

Animals	Babies	Time Cared for by Parents
dogs	puppies	6-8 weeks
horses	foals	1 year
cats	kittens	6-8 weeks
chickens	chicks	none
porpoises	baby porpoises	6 years
apes	baby apes	8-9 years
humans	babies	indefinite

Cut out: Pictures from magazines and newspapers that focus on the care and attention animal babies receive. Discuss the pictures and develop a list of these needs.

Discuss: The similarities and differences among family providers.

CONCEPT: ***Families vary in the amount of care they provide for their offspring.***

Expected Outcome: To recognize that human babies are totally dependent for a long time.

Motivation: We have learned that some animal babies are independent at birth; others need their parents' care for a long time. Why do human babies need so much extra care?

Strategies: **View:** film, *You — the Human Animal* (see Bibliography, p. 279). The basic differences that set the human apart from the other animals are explained by Jiminy Cricket.

Discuss: What do babies need? Reponses should focus on nutrition, appropriate clothing, safe environment, proper toileting, sleep, rest, exercise, love, attention, affection.

Compose a class letter: Write one to a newborn baby giving advice on things that are important for him or her to know, what problems he or she can expect, what it is like living in a family, going to school, etc.

Discuss: What your family taught you about nutrition, safety, and health habits.

Invite: Ask a parent who recently had a baby to discuss the baby's needs.

View and Discuss: film, *My Mom's Having a Baby* (see Bibliography, p. 276).

Read and discuss: ***Beginning the Human Story: A New Baby in the Family*** (see Bibliography, p. 269).

Dr. Lita Lasky

CONCEPT: ***Family members show love for each other in many ways.***

Expected Outcome: To recognize the relationship between being in love and forming a family.

Motivation: When a man and a woman love each other very much, they want to stay together and take care of each other.

Strategies:

Discuss: What are some of the ways your parents show love for each other?

Display: Pictures of weddings; some students may wish to bring in pictures of their parents' wedding day.

Plan and make cards: Greeting cards express affection on special occasions such as Valentine's Day, a birthday, or an anniversary.

Review family tree: Children should be encouraged to trace ancestry as far back as possible.

Discuss: The many different kinds of families—*e.g.,* single-parent families, adoptive parents, foster parents, two-parent families.

Discuss: How families change in number, for example, members moving to other places, remarriage, adoption, death, divorce, foster care. Discuss special feelings related to these changes.

Read: Children's stories related to death and dying, families and divorce. (See Appendix E, p. 237, for further information on death education.)

NOTE: Teacher should be sensitive to children from one-parent families.

Expected Outcome: To describe the ways that family members show love for each other.

Motivation: Encourage children to tell about family celebrations, *e.g.,* birthdays.

Strategies:

Discuss: What are some of the ways parents show love for you? What are some of the ways you show love for your parents?

Discuss: What are the special times when family members need each other? For example, illness, loss of a pet, argument with a friend, etc.

Draw: A picture of family members making their home happy.

CONCEPT: ***Family members show love for each other in many ways.***

Teacher Information:

Two books for preschool and kindergarten that focus on divorce are *Where Is Daddy? The Story of a Divorce* by Beth Goff (see Bibliography, p. 267), and *Emily and the Klunky Baby and the Next Door Dog* by Joan M. Lexau (see Bibliography, p. 268).

Young Children as Victims of Sexual Abuse

As society has focused attention on the increased reporting of incidents of sexual abuse and the devastating effects of such incidents on the lives of the victims, guarding young children against sexual abuse has become a major issue. Since statistics indicate that many victims are children under the age of ten, it is appropriate to adapt the motivation and strategies contained on page 60 of this guide for children in grades K through two. Supplementary materials, presenting addiitonal strategies in keeping with ongoing research, will be made available.

Grades 3 and 4

CONCEPTS

- ***Friendship involves a special kind of feeling toward other people.***
- ***Each member of the family is important as an individual and as a member of the family and community.***
- ***In order for family life to continue, living things must mate and reproduce.***

OVERVIEW: GRADES 3 TO 4

CONCEPT: Friendship involves a special kind of feeling towards other people.

Expected Outcomes:

- to explore the special kinds of feelings involved in friendship
- to recognize that it is important to communicate our feelings

CONCEPT: Each member of the family is important as an individual and as a member of the family and community.

Expected Outcomes:

- to recognize that love is expressed in many ways
- to recognize that children in the same family are individuals, but may share some family traits
- to recognize that each member of the family has a unique personality
- to realize that members of families share many responsibilities and roles
- to recognize the components of successful family living at home and in the classroom
- to realize that each family member has responsibilities to the school and community

CONCEPT: In order for family life to continue, living things must mate and reproduce.

Expected Outcomes:

- to recognize that fish and frog eggs are laid and then are fertilized and develop outside the mother's body
- to recognize that chicken eggs are fertilized internally and then develop outside the hen's body
- to recognize that the eggs of some animals and of humans are fertilized internally and develop inside the mother's body

U.S. Dept. of Health and Human Services

CONCEPT: ***Friendship involves a special kind of feeling toward other people.***

Expected Outcome: To explore the special kinds of feelings involved in friendship.

Motivation: Friendship means many different things to people. Let's explore the special kinds of feelings we have towards others.

Strategies: **Prepare worksheet:** Have students complete the sentences using as many names as they wish.

I really like to be with _____

I really like _____ because _____

I really have fun with _____ because _____

I really like to help _____ because _____

I really like to share my secrets with _____

I really like to share my possessions with _____

I really like to visit _____

Looking at your worksheet: Are these people your age . . . older . . . younger? How long have you known each person? What have we learned about ourselves?

Bar graph: Develop bar graphs to show how much time you spend with parents, grandparents, siblings, school friends, church/synagogue friends, other friends. Compare the amounts of time you spend with each group. How does each group influence your behavior?

Write: A short note describing your feelings when you are with this group.

Discuss: Would you like to be different? Why? How can you change?

List: changes in yourself that would make you feel that you are a better friend.

Bulletin board: Using words, pictures, and samples of students' work, prepare a bulletin board around the theme "Friendship is . . ."

U.S. Dept. of Health and Human Services

CONCEPT: ***Friendship involves a special kind of feeling toward other people.***

Expected Outcome: To recognize that it is important to communicate our feelings.

Motivation: How many of you have ever said to another person "I love you" or "I like you" or "I need you"? To whom can you say these things?

Strategies: **Discuss:** In small groups, have students give reasons why they believe a special person is their friend. Have small groups share different responses with class.

"Because": Think of a friend. Complete the following sentences:

- I really like you because _____
- I like being with you because _____
- I'm angry with you because _____
- You can wear my sweater because _____
- I can't tell you because _____

Write: a class poem on friendship.

Best friend: Have students write or tell a story called "My Best Friend."

Discuss: Why do we share with certain people? Why do we like or dislike certain people? Do you reject racist statements such as "I don't want to play with you because I'm (black or white)"? Whom do you love and appreciate? How do you show it?

List on board: ways we can show love to someone. (Consider: respect, doing something special, being thoughtful.)

Write: What things would you do if you wanted to give someone a gift (not material) to show that you liked or loved that person?

CONCEPT: ***Each member of the family is important as an individual and as a member of the family and community.***

Expected Outcome: To recognize that love is expressed in many ways.

Motivation: What is a good way to show your love to someone in your family?

Strategies: **Small group discussion:** Have students discuss the ways they show love to different members of their family. Define family.

Bulletin Board: Display pictures of family members which depict loving relationships. Create and discuss posters, poems, scrapbooks on the theme, "Sharing Means Caring."

Ask: If someone in your family is angry with you, does it mean that person doesn't love you? If you are angry with someone in your family, have you stopped loving them?

Note: In order to help students at this age with the concept that loving each other does not stop because there are quarrels or moments of anger, the teacher may relate a story which illustrates this point.

Expected Outcome: To recognize that children in the same family are individuals but may share some family traits.

Motivation: Everyone is different and differences are valuable.

Strategies: **Play record:** By the rock group Sister Sledge, *We Are Family* (Cotillion Records).

I'm special: While children in a family may have many things in common, they also have some special qualities. Have children write or discuss their special qualities: "I'm special because . . ."

Brainstorm: Write "Things I Like to Do" on the board, then conduct brainstorming activities. Discuss: How the things you like to do make you feel about yourself . . . make your family feel about you . . . make your friends feel about you.

Discuss: Even people in the same family look different. What makes us different? Are all twins alike in every way?

Theme — People I Like: Collect pictures of persons whom students admire, for example, family members, TV or sports personalities. Write paragraph(s) on (1) How _____ influenced my life; (2) How _____ could influence my life; (3) Why I want to be like _____.

Play the game: "The Magic Circle" (see p. 8, *The Feeling Circle*).

Theme — If the World Were the Same: Write a paragraph or draw what the world would be like if everyone looked the same, acted the same, had the same abilities, etc. Discuss the importance of differences.

CONCEPT: ***Each member of the family is important as an individual and as a member of the family and community.***

Expected Outcome: To recognize that each member of the family has a unique personality.

Motivation: How would you describe a member of your family?

Strategies: **Developmental questioning:** Have you ever heard someone say, "He (She) has a great personality"? What do you think this means? Compile a definition of "personality" from the responses of the students.

Guess who?: Ask the children to write down a few words that describe their personality. Read responses. Ask children to match responses to students.

Construct personality puppets: Each puppet represents just one personality characteristic, *e.g.*, friendly, unfriendly, honest. Develop a short skit using the puppets.

Expected Outcome: To realize that family members share many responsibilities and roles.

Motivation: How can we all help to get the household jobs done? How do family members share responsibilities?

Small-group discussion: Living in a family involves many responsibilities for parents and for children. What are those responsibilities? Develop lists.

Strategies: **Role play — Getting the Job Done:** Focus on males and females having free choice to share and exchange jobs that help in the household. For example: care of the house, care of pets, taking out the garbage, babysitting with younger members.

Should I or Shouldn't I? Tell the students to select a family chore that requires a decision, *e.g.*, taking out the garbage, going to the store, helping with the dishes, etc. List "Reasons Why I Should" and "Reasons Why I Shouldn't." After completing, have students evaluate how the decision would affect the whole family.

Library research: Using the class or school library, have children locate pictures in books that show many roles of family members. Have students create a short story telling about a person in one of the pictures.

Taking a stand: Read the following script to the students.

> Johnny's mother asked him to come home right after school. His friends ask him to play ball. He joins them. When he gets home, his family is upset.

Ask students to decide what they would have done. Have students defend their choice. Provide an opportunity to change positions.

CONCEPT: ***Each member of the family is important as an individual and as a member of the family and community.***

Expected Outcome: To recognize the components of successful family living at home and in the classroom.

Motivation: **Discuss:** What kinds of decisions are made in a family? How are these decisions made? How are decisions made in a classroom?

Strategies: **Discuss:** If we were to plan a class project, how important would cooperation be? How does this compare to family projects at home, *e.g.*, preparing for holidays or a family celebration?

View: Film, *Our Class Works Together,* which portrays a group of children building a model community. The importance of planning, working, and solving problems together is emphasized. Relate the concept to successful family living. (See Bibliography, p. 276.)

Expected Outcome: To realize that each member has responsibilities to the community.

Motivation: If our class were to plan a school or community clean-up program, some people might say, "Why should I do it? Nobody else does it." How do you feel about this attitude?

Strategies: **Display:** Pictures of litter on streets, in the parks, in front of apartments. Discuss: How do you think all that litter accumulated? List the responsibilities we have.

Discuss: A variety of incidents that affect other people in the community. For example:

Dog walkers not cleaning up after their dogs.
Opening water hydrants.
Throwing soda cans out of apartment windows.
Throwing stones and breaking lamp-post bulbs.
Writing graffiti on school buildings or other public property.

Develop: List the ways in which the appearance of the community can be improved. Plan how students can contribute around their own home or apartment, *e.g.*, keeping garbage cans covered, putting candy wrappers and soda cans in trash cans. Report progress on the bulletin board each week.

Discuss: The ways in which health and safety can be improved in your community, *e.g.*, obeying traffic, pedestrian, and bicycling rules, assisting neighbors and following fire safety rules.

CONCEPT: ***Each member of the family is important as an individual and as a member of the family and community.***

Teacher Information:

Family: Two or more people related by blood, marriage, or adoption who care for each other in many ways.

Nuclear Family: A family with parents and children only. This might include a single-parent family.

Traditional Extended Family: Children living with one or both parents as well as with grandparents or other relatives?

Reconstituted Family (Remarried): Husband, wife, and children from previous marriage.

Other: Members of a household, often unrelated, who share responsibilities.

Adoption: The process of taking another person's child into one's family through legal means.

Foster Care: Help for parents who can't take care of their child now but think they will be able to take care of their child in the near future. The child will be placed in an approved foster home for a certain amount of time. Foster parents receive payment for their services from the state or placement agency.

Trait: A characteristic which is either inherited or acquired.

Inherited Traits: Physical characteristics and mental abilities with which you were born.

Acquired Traits: Characteristics that develop from living in the environment.

Environment: All the things that make up your surroundings.

CONCEPT: ***In order for family life to continue, living things must mate and reproduce.***

Expected Outcome: To recognize that fish and frog eggs are laid and then are fertilized and developed outside the mother's body.

Motivation: We know that life can come only from other life. If plant or animal life is to continue, reproduction must take place.

Strategies: **Define:** Mating and reproduction. (*Mating:* when animals join together for the purpose of reproduction.; *reproduction:* the process by which new animals and human beings are made.)

View: film, *A Fish Family*, which shows complete reproduction cycle of blue acara fish including preparation, egg laying, fertilization, care during incubation, nursery construction, transporting hatchings to nurseries, and guarding the young. Demonstrates close family relationships. (See Bibliography, p. 273.)

View: film, *Life from Life*. Living things come from other living things of the same kind. The film shows the mating, egg-laying, fertilization , and hatching of angel fish and leopard frogs. (See Bibliography, p. 275.)

Class trip: Arrange for a class tour with a tour guide to the Coney Island Aquarium or a local pet shop. Prepare questions before the trip.

Define and Discuss: External fertilization in fish and frogs.

Discuss: Why do you think the female frog lays many eggs? Do you think all the eggs are fertilized and grow into baby frogs (tadpoles)? Why or why not?

Research and report: Using the school or public library, discover how long it takes for a guppy, a salmon, and a frog to develop from a fertilized egg.

Discuss: What care is provided for the babies by the female and male fish?

Discuss: How do mating and reproduction provide for the continuation of life for fish, birds, and animals?

CONCEPT: ***In order for family life to continue, living things must mate and reproduce.***

Expected Outcome: To recognize that chicken eggs are fertilized internally and then develop outside the hen's body.

Motivation: We know that for new life to begin, an egg cell from the mother must be joined with a sperm cell from the father.

Strategies: **Read:** Millicent E. Selsam, *Egg to Chick.* New York: International Publishers, 1964.

Discuss and describe: The difference between eggs bought at the store and those that are fertilized.

Define: Internal fertilization (sperm from the male are deposited in female's body).

Show and discuss: Film, *Egg and Sperm,* which explains fertilization in terms of the sea gull, chicken, and cat. Define terminology of reproduction and body parts. (See Bibliography, p. 279.)

Research and report: How long does it take fertilized chicken and duck eggs to develop? (Utilize 4H chicken incubation project of the Cornell University Cooperative Extension Program.)

Compare: How does the female chicken (hen) take care of fertilized eggs? Can we compare this with the care given by the female guppy after laying eggs?

U.S. Dept. of Health and Human Services

CONCEPT: ***In order for family life to continue, living things must mate and reproduce.***

Expected Outcome: To recognize that the eggs of some animals and of humans are fertilized internally and develop inside the mother's body.

Motivation: We know that all living things are born from fertilized eggs. What are some of the advantages of eggs developing inside the female's body?

Strategies: **View:** film, *Fertilization and Birth* (see Bibliography, p. 273).

List: Some of the animals that develop and are born from the female's body.

Compare: How a female dog or cat takes care of its new babies and how a hen or female guppy does so. Which animals care for their young for a longer period of time? Why do they do so?

Discuss: Male and female animals mate by instinct while human males and females mate because of love for one another.

List: What are some of the special needs of human babies? Who are some of the people who take care of the baby?

Brainstorm: What are some of the responsibilities of the older children in a family when a new baby arrives? Brainstorm some of the ways in which older children might help.

Research and develop: Chart entitled "How Living Things Mate and Reproduce." Down the side of the chart list the headings:

Form of fertilization.
Place where fertilized egg develops.
Length of time to birth.
Care provided for fertilized egg.
Care of newborn.

Across the top of the chart list the species:

Guppies, salmon, frogs, robins, cats, dogs, horses, sheep, humans.

CONCEPT: ***In order for family life to continue, living things must mate and reproduce.***

Teacher Information:

Fish fertilization (external): The female fish produces eggs in her ovaries. Prior to the release of eggs, the female and/or male fish prepares a nest in the water. The eggs are released by the female fish through an opening under her body. The male fish swims to the nest and releases sperm through a special opening under his body near his tail.

Frog fertilization: The female frog produces eggs in her ovaries. The male frog sits on the female frog's back, causing thousands of eggs to come out of the female frog. As the eggs come out, the male pours his sperm over them. When the sperm reaches and enters the egg, fertilization occurs.

Chicken fertilization: The hen prepares a nest for the eggs. The rooster mounts the hen and presses opening under his tail feathers to the opening under the hen's tail feathers. The sperm from the rooster enters the hen's body and internal fertilization occurs in the oviducts. The fertilized egg is then deposited in the nest.

Human and Mammalian fertilization: Human eggs mature in the ovary of the adult female. The egg is released periodically into the oviducts. Sperm cells are produced in the adult male testes. During mating, the penis is inserted into the vagina and sperm cells are released. Fertilization occurs when a sperm cell penetrates the egg. The fertilized egg develops and matures inside the uterus.

Leslie Sloan, John Dewey High School

Young Children as Victims of Sexual Abuse

As society has focused attention on the increased reporting of incidents of sexual abuse and the devastating effects of such incidents on the lives of the victims, guarding young children against sexual abuse has become a major issue. Since statistics indicate that many victims are children under the age of ten, it is appropriate to adapt the motivation and strategies contained on page 60 of this guide for children in grades three and four. Supplementary materials, presenting additional strategies in keeping with ongoing research, will be made available.

Grades 5 and 6

CONCEPTS

- ***Growth and development are influenced by many factors.***
- ***Emotional and social development are influenced by many factors.***
- ***Puberty is a time of many physical changes.***
- ***Human babies are born from the union of an egg cell and sperm cell.***

OVERVIEW: GRADES 5 TO 6

CONCEPT: Growth and development are influenced by many factors.

Expected Outcomes:

- to recognize the importance of a family in an individual's development
- to recognize that family members share some common traits
- to realize that each person has a unique pattern and schedule of growth
- to recognize the environmental factors that influence an individual's growth and development
- to recognize how personal health habits affect an individual's growth and development

CONCEPT: Emotional and social development are influenced by many factors.

Expected Outcomes:

- to identify how an individual's physical self-image may affect emotional and social development
- to identify how others may affect our emotional and social development
- to realize that a variety of experiences contribute to our social development
- to recognize that sexual abuse can affect one's emotional and social development

CONCEPT: Puberty is a time of physical changes.

Expected Outcomes:

- to recognize that physical changes may occur rapidly during puberty
- to identify the physical changes which occur in males during puberty
- to identify the parts of the male reproductive system
- to identify the physical changes that occur in females during puberty
- to identify the parts of the female reproductive system

CONCEPT: Human babies are born from the union of an egg cell and sperm cell.

Expected Outcomes:

- to recognize that the male and female each have a role in human reproduction
- to understand the growth and development of the fetus
- to recognize that marriage and parenthood require maturity and responsibility

CONCEPT: ***Growth and development are influenced by many factors.***

Expected Outcome: To recognize the importance of a family in an individual's development.

Motivation: Define and discuss the word "family."

Strategies: **List and discuss:** the different types of families, *e.g.*, adoptive, two-parent, one-parent, foster. How are the various members dependent on each other in each family type?

View: the filmstrip "Developing Basic Values." Discuss: How do we work to develop sound relationships with our families? (See Bibliography, p. 280.)

Brainstorm: family needs (*e.g.*, housing, emotional support, food, clothing) and how they are met in different families.

Plan: the different contributions the family members may make in a typical family and discuss how these contributions may change from time to time.

View and discuss: the filmstrip "Understanding Changes in the Family" or other audio-visual aids dealing with changes in family structure as a result of death, divorce, etc. (See Bibliography, p. 283.)

Discuss: What are some of the ways in which you can help your family function? How will this change as you grow up?

Brainstorm: What kind of family do you want when you are an adult? What are some responsibilities you will have to assume? How will you prepare yourself for these responsibilities, *e.g.*, education, learning new skills, accepting responsibilities at home now?

Leslie Sloan, John Dewey High School

CONCEPT: ***Growth and development are influenced by many factors.***

Expected Outcome: To recognize that family members share some common traits.

Motivation: What characteristic do you have that is shared with some other member of your family?

Strategies: **Define:** "trait."

Distribute: a worksheet entitled "I Am Like My Family." Have students work with parents to check off those traits which they have in common with specified family members. Discuss the results in class.

	Eye Color	*Hair Color*	*Hair Texture*	*Height*	*Blood Type*
Mother					
Father					
Grandparent					

NOTE: Teachers should be sensitive to the fact that some students may not be living with biological parents.

Write: a short essay describing several inherited traits that you can trace from your grandparents or parents to yourself, *e.g.*, height, hair color, eyes. Compare these with traits inherited by siblings, noting similarities and differences.

Write: a short essay describing some of your activities and attitudes that have been influenced by members of your family.

View and discuss: film, *Why You Are You* (see Bibliography, p. 279). Even though we may look like someone in our family, what makes us individuals?

Siobhan Sloan

CONCEPT: ***Growth and development are influenced by many factors.***

Expected Outcome: To realize that each person has a unique pattern and schedule of growth.

Motivation: Line up all the students born in one year according to the month in which they were born. Note the differences in height. When people say "you are tall for your age," do you think they realize how much individuals of the same age vary in height?

Strategies: **Survey:** Students develop a survey of the height of their friends to focus on the diversity of size at any given age.

Discuss: How many have friends the same age who are taller or shorter?

Observe: pictures of children of the same age. Discuss differences.

Identify: the things that influence the rate at which you develop. Example: inherited traits, sleep and rest, food, exercise, glands and hormones.

View and Discuss: film, *Glands and Hormones* (see Bibliography, p. 273).

Bulletin board: Students bring in pictures of themselves as babies. Draw attention to those inherited traits that usually remain the same, *e.g.*, eyes. List those changes that have occurred in your growth and development as a result of glands and hormones.

Dr. Lila Lasky

CONCEPT: ***Growth and development are influenced by many factors.***

Expected Outcome: To recognize the environmental factors that influence an individual's growth and development

Motivation: Define "environment" and list those factors which influence an individual's development.

Strategies: **Small-group discussion:** Rank environmental factors which you feel are important to your development, *e.g.*, housing, air, water, and noise pollution, cleanliness of streets, lead poisoning. Compare the lists compiled by the several groups.

Discuss: Which environmental conditions can a person or community control? How do these affect the growth and development of an individual?

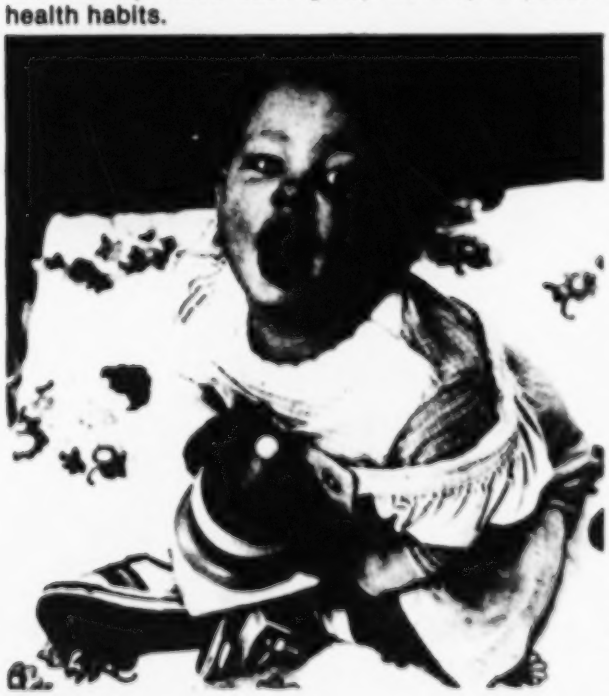
Expected Outcome: To recognize how personal health habits affect an individual's growth and development.

Motivation: Why are personal health habits important to a person's growth and development?

Strategies: **List and discuss:** those health habits which affect an individual's growth and development, *e.g.*, rest, nutrition, exercise.

Discuss: How do health habits affect the way we look and feel?

Create: A class bulletin board on positive health habits. Divide class into six groups: (personal cleanliness, safety, rest, eating, exercise and stress). Have each group develop a poster showing positive health habits.



Dr. Lila Lasky

CONCEPT: ***Growth and development are influenced by many factors.***

Teacher Information:

Family: Two or more people related by blood, marriage or adoption who care for each other in many ways.

Nuclear Family: A family with parents and children only. This might include a single-parent family.

Traditional Extended Family: Children living with one or both parents as well as with grandparents or other relatives.

Reconstituted Family: Husband, wife, and children from previous marriage.

Other: Members of a household, often unrelated, who share responsibilities.

Adoption: The process of taking another person's child into one's family through legal means.

Foster Care: Help for parents who can't take care of their child now but think they will be able to take care of their child in the near future. The child will be placed in an approved foster home for a certain amount of time. Foster parents receive payment for their services from the state or placement agency.

Trait: A characteristic that is either inherited or acquired.

Inherited Traits: Physical characteristics and mental abilities with which you were born.

Acquired Traits: Characteristics that develop from living in the environment.

Environment: All the things that make up your surroundings.

National Coordinating Council on Drug Education

CONCEPT: ***Emotional and social development are influenced by many factors.***

Expected Outcome: To identify how an individual's physical self-image may affect emotional and social development.

Motivation: If you could choose, how would you like to look at this time in your life?

Strategies: **Role play:** Johnny is concerned because, although both of his parents are tall, he is the shortest boy in the class. He shares his concerns with two friends.

Follow-up discussion: How did Johnny feel about being short? Did his friends lend support? What were some helpful suggestions that his friends made to improve Johnny's feelings about himself?

Discuss: What are some of the physical characteristics young people have to adjust to? Discuss ways to assist one another.

Discuss: How important is physical appearance in choosing friends?

Compare: Those physical characteristics that can be changed, *e.g.*, overweight, with those that may not be able to be changed, *e.g.*, color of eyes, shape of face, etc.

Leslie Sloan, John Dewey High School

CONCEPT: ***Emotional and social development are influenced by many factors.***

Expected Outcome: To identify how others may affect our emotional and social development.

Motivation: Why are some people more important to us than others?

Strategies:

List: the people who are important to you. List the words they would use to describe you. How does their opinion of you affect the way you feel about yourself? Give an example.

Write: a paragraph dealing with the topic, "What Kind of Person I Am."

React: to the following situation: A parent is speaking to a child about going to a rock concert. The parents say, "You're not old enough." A short while later, when the child throws a temper tantrum about some other problem, the parent says, "Why can't you act your age? You're too old for this." What problem is shown by these incidents?

Discuss: During pre-adolescence many young people are beginning to experience changes. What are some of these changes? (Possibilities: need for independence, choosing friends, clothes, curfew.)

Discuss: How may these changes affect parent-child relationships? Why is it important for both parent and child to recognize that these changes are occurring?

Brainstorm: What conflicts arise between parent and child as a result of these changes? What are some of the ways of resolving these conflicts?

View and discuss: filmstrip, "Adolescent Conflict." How does an understanding of conflicts help us resolve them? (See Bibliography, p. 279.)

Discuss: Do some parents have different expectations for boys and girls regarding dress, friends, behavior, and curfews? How do you feel about these differences? Do they have an effect on the lives and careers that young people choose for themselves?

Listen: to the record *Free to Be You and Me* by Marlo Thomas (Arista Records). What does this record tell us about our choices?

Fishbowl: The class forms a circle. Then the boys move from the circumference into the center of the circle and for ten minutes discuss the phrases, "I like girls who . . ." and "I don't like girls who . . . ." Suggest that the observers list one point with which they agree or disagree. Then the boys and girls reverse places, the girls moving to the center and discussing "I like boys who . . ." and "I don't like boys who . . . ." Assemble again into a large group and discuss the experience.

Follow-up: Going around the circle, each student completes one of the following phrases: "I learned that I . . . ," "I was surprised that I . . . ," and "I was disappointed that I . . . ." Then reform the circle and discuss: "I like people who . . . ."

CONCEPT: ***Emotional and social development are influenced by many factors.***

Expected Outcome: To realize that a variety of experiences contribute to our social development.

Motivation: What are some of the social activities that offer young people opportunities for understanding each other? (Possibilities: roller skating, bike trips, swimming.)

Strategies: **Discuss:** Should young people go on single dates or date in a group? What are the advantages and disadvantages of each?

Define and discuss: peer influence. How important is it to be part of a group? How does it affect the decisions you make about activities and your selection of friends? Should you make your own decision about relationships or go along with the group's decisions? Why?

Role play: A parent and child are having a discussion about a friend that the parent objects to as a companion for the child. Reverse roles. Be sure to make your feelings clear in each role.

Expected Outcome: To recognize that sexual abuse can affect one's emotional and social development.

Motivation: What would you do if someone touched you in a way that makes you feel uncomfortable?

Strategies: **View:** the film *No More Secrets* (O.D.N. Productions). This is a balanced and sensitive film presenting information on protection and prevention of child sexual abuse. The film should be previewed by an advisory council before being shown in a classroom. Parental notification is also advised. (See Bibliography, p. 276.)

Discuss: The rights of a child to have privacy in dressing, bathing, and sleeping.

Discuss: People touch each other or show affection in many ways. Most touches and expressions of affection are pleasant and okay. Some touches are hurtful or disturbing. What can you do if you are not sure about how you are being touched by someone?

How would you get help if . . .?: List adults such as your parents, teacher, counselor, principal, or religious advisor whom you can trust if you are concerned about someone who is bothering you.

Small-group discussion: "Saying no" — What situations have you been in where you were being pressured by friends to do something which made you feel uncomfortable, e.g., playing a practical joke, smoking, having sex, etc.? How did you feel in these situations? How can you "say no" to group pressure? Have the small groups report and share with class. (Teacher should emphasize that when people really care about you, they will respect your right to say no.)

CONCEPT: ***Emotional and social development are influenced by many factors.***

Teacher Information:

Peer Influence: We all have friends of about our age with whom we do things. These friends—or peers—can have a great influence on us. They can affect the way we choose to live our lives. This is known as peer influence. Strong friendships with a person of the same sex are common at this age. Experimental sex play is not unusual and is not an indication of adult sexual orientation.

Sexual Assault and Incest: The National Center on Child Abuse and Neglect currently estimates that the annual incidence of sexual abuse of children is over 100,000 cases per year. In 1982, 3,887 cases of child sexual abuse were reported in New York State. Research has shown that most incidents are unreported. A recent study found that 15 percent of women and 6 percent of men had been sexually abused, a third before the age of 9. Other studies show that from two-thirds to 85 percent of such abuse is committed by relatives, neighbors, and family friends.

Child Sexual Abuse: Contacts or interactions between a child and an adult when the child is being used for sexual stimulation by an adult or another person.

Incest: Sexual abuse which is perpetrated on a child by a member of that child's family group.

What Children Should Know About Sexual Assault—Safety Tips for Children:*

1. Your Body Is Yours (The Right to Privacy)
- Nobody has the right to touch you if you do not want to be touched.
- If someone is bothering you, no matter who that person is, you have the right to stop them and tell another adult what happened.

2. You Have the Right to Say No
- You have the right to say no to adults, not answer their questions, and scream for help if you feel you are in danger.

3. Find A Grown-up Who Listens to You
- If someone bothers you, hurts you, or scares you, find a grown-up who will listen to you and tell him or her what happened.

4. Trust Your Instincts
- If you get a feeling that something is wrong, you have the right to try to get away.
- Be aware of your surroundings. If you think someone is following you, you can cross the street, change your route, run away, or go into a store or restaurant.

5. Know Your Neighborhood
- Know where your police and fire departments are located, or the stores and restaurants where you could go for help when necessary.

6. You Have the Right to Get Help
- Think about adults who can help and adults who will listen to you. If they don't help, tell someone else until you find someone who will help.

*Adapted from the New York City Advisory Task Force on Rape—Human Resources Administration, Family and Adult Services.

CONCEPT: ***Emotional and social development are influenced by many factors.***

Reports of Suspected Child Abuse and Maltreatment:

School staff members who have reasonable cause to suspect that a child is abused, maltreated, or neglected, shall notify the principal or his or her designee immediately. (Board of Education Chancellor's Regulations, No. 750A, 4/30/82, describes the procedures for school personnel for cases of suspected child abuse and maltreatment.)

Other Sources of Help:

Sex Crime Report Line, 732-7706.

Victim Services Agency, 577-7777.

For a free pamphlet on how to discuss personal safety with children, call or write:

Safe
1123 Broadway - 10th Fl.
New York, New York 10010
Telephones: 242-4874, 242-4875.

My Very Own Book about Me (see Bibliography, p. 270).

CONCEPT: ***Puberty is a time of many physical changes.***

Expected Outcome: To recognize that physical changes may occur rapidly during puberty.

Motivation: Our bodies are always changing, but the most rapid changes occur during puberty. Let's examine the reasons for these changes.

Strategies: **View and discuss:** the filmstrip "Becoming a Man," Part I (see Bibliography, p. 280).

View and discuss: the filmstrip "Becoming a Woman," Part II (see Bibliography, p. 280).

Discuss: the statement, "We all mature physically at different rates."

Grab Bag: Instruct students to write anonymously of their feelings about becoming a man/woman. Select several and discuss common feelings and the best ways to cope with them.

Discuss: The changes that accompany puberty in males and females do not happen all at once. The time needed for all these changes to happen varies from person to person. Why is it important to understand this?

Expected Outcome: To identify the physical changes which occur in males during puberty.

Motivation: A boy's body will go through many changes before he reaches sexual maturity.

Strategies: **List and discuss:** the secondary sex characteristics boys experience, *e.g.*, muscular development, facial hair, voice change.

List and Discuss: important internal changes, *e.g.*, sperm development. What role does the pituitary gland have in sperm development?

Identify: the primary sex characteristics of human males.

View and discuss: the filmstrip "Becoming a Man," Part II. What are some of the advantages of physical maturity? (Possibilities: more responsibility, more freedom, new interests.)

View and Discuss: the film *Boy to Man or Am I Normal?* (See Bibliography, p. 271.) Many signs may indicate that a boy has entered puberty. Nocturnal emission is a normal occurrence during adolescence. Boys who have entered puberty may also have an erection as a result of physical or emotional sexual arousal.

Statement: Masturbation is a form of sexual expression. Medical evidence indicates that masturbation is physically harmless.

NOTE: Teachers should be sensitive to different religious and family attitudes.

CONCEPT: ***Puberty is a time of many physical changes.***

Expected Outcome: To identify the parts of the male reproductive system.

Motivation: Why is it important to know the parts of the male reproductive system?

Strategies: **Locate and name:** the parts of the male reproductive system using slides from "Human Reproduction 100 " (see Bibliography, p. 279), or other resource material.

Identify: the function of each part.

Distribute and complete: unlabeled diagrams of the male reproductive system.

Expected Outcome: To identify the physical changes which occur in females during puberty.

Motivation: A girl's body will go through many changes before she reaches sexual maturity.

Strategies: **View and discuss:** "Becoming A Woman," Part II (see Bibliography, p. 280).

List: the freedoms and responsibilities that accompany puberty and approaching maturity, *e.g.*, increasing independence, social activity. Many girls choose to remain with other girls while others choose coed friendships at times. What are the advantages of each?

View and discuss: film: *Girl to Woman* or *Dear Diary* (see Bibliography, p. 272).

List and discuss: the external changes girls experience, *e.g.*, breast development, voice deepening, body hair.

List and describe: important internal changes, *e.g.*, the ovaries and uterus increase in size.

View: a filmstrip on menstruation.

Discuss: some of the needs and anxieties of girls during the menstrual period.

Discuss: some of the myths about menstruation, *e.g.*, menstruation is being sick, no exercise or swimming while it occurs.

Discuss: Menstrual hygiene. (Refer to the section of teacher information. For response to questions regarding toxic shock syndrome, see teacher information, junior high school, (p. 82).

Statement: Masturbation is a form of sexual expression. Medical evidence indicates that masturbation is physically harmless.

Note! Teachers should be sensitive to different religious and family attitudes.

CONCEPT: ***Puberty is a time of many physical changes.***

Expected Outcome: To identify the parts of the female reproductive system.

Motivation: Why is it important to know the parts of the female reproductive system?

Strategies: **Locate and name:** the parts of the female reproductive system using slides from "Human Reproduction 100" (See Bibliography, p. 282) or other resource material.

Identify: the function of each part.

Distribute: individual unlabeled diagrams of the female reproductive system. Indicate that they will be filled in during the class.

Teacher Information:

Puberty: The time of life during which a person begins to change from a child to a physically and sexually mature adult.

Primary Sex Characteristics: The internal and external organs of the body that differentiate the male from the female.

Secondary Sex Characteristics: Changes that occur in the body during puberty which are triggered by the pituitary gland.

BOYS

1. Penis and testicles grow; testicles produce sperm; nocturnal emission and ejaculation occur.
2. Growth spurt occurs, muscle develops, and strength increases.
3. Voice deepens.
4. Body hair appears in pubic area, under the arms, and on face.
5. Oil and sweat glands increase in function, and pimples may appear.
6. Sexual drive increases.

GIRLS

1. Breasts increase in size; body fat develops causing hips to become rounded.
2. Growth spurt usually occurs at an earlier age than boys'.
3. Body hair appears in pubic area and under the arms.
4. Oil and sweat glands increase in function, and pimples may appear.
5. Sexual drive increases.
6. Uterus and vagina increase in size. Menstruation and ovulation occur.

CONCEPT: ***Puberty is a time of many physical changes.***

Pituitary Gland: A small gland at the base of the brain, about the size of a marble, that produces a hormone which travels in the blood to the ovaries in the female or the testes in the male. The ovaries then produce a female hormone and the testes produce a male hormone which trigger the secondary sex characteristics.

Nocturnal Emission: Frequently called a wet dream. Semen overflows at night and may be accompanied by a sexually stimulating dream. This is a normal occurrence.

Masturbation: Touching or rubbing the sex organs for sexual pleasure. Medical experts indicate that there are no harmful effects.

Sperm: The male reproductive cell.

Testes: Two oval-shaped organs that are suspended outside the male's body in a sac called the scrotum. The testes produce sperm and the male sex hormone.

Scrotum: The sac that contains and protects the testes.

Penis: The male reproductive organ. It performs two functions: reproduction and elimination of urinary waste. The penis becomes erect when the blood vessels become filled with extra blood.

Semen: The liquid containing the sperm which leaves the male body through the penis.

Ovaries: A pair of almond-shaped organs, located in the female body, that contain the egg cells.

Ovum: The female reproductive cell, also known as the egg.

Uterus: The uterus is a hollow, muscular organ inside the female body, where a fetus develops. It is about the size of a fist and is shaped like an upside-down pear. The uterus is also called the womb.

Fallopian Tubes: The pair of tubelike passageways through which the egg cells move from the ovaries to the uterus. They are about four inches long, about the width of a fine needle. This is where fertilization occurs.

Vagina: The passageway from the uterus to the outside of the body. It is also called the birth canal.

Menstrual Period: Before an egg leaves the ovary, hormones cause the lining of the uterus to thicken. If an egg is fertilized, it will reach the uterus and attach itself to the thickened wall. Most of the time an egg is not fertilized. When an egg is not fertilized, the thickened lining of the uterus breaks down. This lining and its blood supply pass out of the female's body through the vagina. This process is called menstruation, or the menstrual period. This period usually occurs about every 28 days, and may last from 3-7 days.

Tampons: Sanitary protection that is worn inside the vagina to absorb the menstrual flow. See Teacher Information in Junior High School section for toxic shock syndrome *(p. 82)*.

Sanitary Napkin: A soft, disposable pad worn outside the body to absorb the menstrual flow.

CONCEPT: ***Human babies are born from the union of an egg cell and sperm cell.***

Expected Outcome: To recognize that the male and female each have a role in human reproduction.

Motivation: The reproductive process begins when an egg is fertilized by a sperm cell. Let's examine the process.

Strategies: **View and discuss:** film, *Human Reproduction (see Bibliography, p. 274).*

Review: the parts of the female reproductive system.

View: the filmstrip "Where Are Eggs Made?" (See *Human Growth and Development* series, Bibliography, p. 281.)

Trace: the path of an egg cell from the ovary through the fallopian tube to the uterus.

Review: the parts of the male reproductive system.

View: the filmstrip "Where Are Sperm Made?" (See *Human Growth and Development series,* Bibliography, p. 281).

Trace: the path of sperm cells from testes to penis.

Trace: the path of sperm cells through the vagina and uterus to the fallopian tubes where fertilization occurs.

Expected Outcome: To trace the growth and development of the fetus.

Motivation: From the moment of fertilization until birth, the growth process is enormous and complex. Let's take a look at this process.

Strategies: **View and discuss:** an appropriate filmstrip from the Human Growth and Development Series which describes the growth and development of the fetus (see Bibliography, p. 281).

Trace: the development of embryo into fetus during the first eight weeks of pregnancy.

Discuss: the purpose of the placenta, amniotic sac, and umbilical cord.

View and discuss: film, *A New Human Life* (see Bibliography, p. 276).

Invite: a nurse or health professional to discuss prenatal care.

Invite: a new mother to visit and talk about the care needed for new babies in the hospital and at home.

Discuss: Ask students who have a new baby brother or sister at home to discuss some of the ways in which they can be of help in caring for him or her.

CONCEPT: ***Human babies are born from the union of an egg cell and sperm cell.***

Expected Outcome: To recognize that marriage and parenthood require maturity and responsibility.

Motivation: What is maturity?

Strategies: **Define:** physical maturity; sexual maturity; emotional maturity; financial maturity. Are there any other kinds of maturity?

Discuss: Many young people are sexually mature and capable of reproduction in their early teens. Does this mean they are ready for parenthood?

Write: "If I were to become a parent, I would have to be able to . . ."

National Coordinating Council on Drug Education

Teacher Information:

Embryo: The fertilized egg during the first two months of pregnancy.

Fetus: The fertilized egg from the third month of pregnancy until birth.

Placenta: An organ through which the developing fetus receives food and oxygen and disposes of wastes.

Amniotic Sac: A strong sac containing fluid in which the developing fetus floats. This protects the fetus from bumps and jolts.

Umbilical cord: The connecting tube between the placenta and fetus, carrying oxygen, food, and wastes.

Junior High School

CONCEPTS

- ***The family is a constantly changing unit.***
- ***Puberty is a time of many changes.***
- ***Adolescence is a time of rapidly changing needs.***
- ***Human reproduction involves many responsibilities on the part of men and women.***
- ***Sexual health care is the responsibility of each individual.***
- ***Sexual abuse and rape have a significant influence on a child's emotional and physical health.***

OVERVIEW: JUNIOR HIGH SCHOOL

CONCEPT: The family is a constantly changing unit.

Expected Outcomes:

- to recognize the process of the changing family structure
- to describe the different responsibilities that male and females may have in various family structures
- to identify the effects of altered family structures
- to examine how adolescent changes affect family relationships

CONCEPT: Puberty is a time of many changes.

Expected Outcomes:

- to recognize the external physical changes that occur in females during puberty
- to recognize the external physical changes that occur in males during puberty.
- to understand the role of the endocrine glands in the human reproductive system
- to describe the structure and functions of the male reproductive system
- to describe the structure and functions of the female reproductive system
- to understand new feelings and physical changes during puberty
- to recognize that there are a variety of emotions involved in relationships with others

CONCEPT: Adolescence is a time of rapidly changing needs.

Expected Outcomes:

- to understand that adolescents need to develop individual and group relationships outside the family
- to recognize that adolescents need to become emotionally independent
- to understand that social activity provides an opportunity to develop skills in making responsible decisions

CONCEPT: Human reproduction involves many responsibilities on the part of men and women.

Expected Outcomes:

- to describe the biological process of fertilization
- to understand the development of the embryo following fertilization
- to recognize the importance of prenatal care for the mother and her developing fetus
- to recognize that genes determine the heredity of each individual
- to describe the birth process
- to identify factors which indicate a high-risk pregnancy
- to identify the emotional and social effects of pregnancy and childbirth on the family
- to recognize some of the social and emotional effects of an adolescent pregnancy
- to understand that couples have a right to decide when and how many children they will have
- to explore the options in dealing with a pregnancy

CONCEPT: Sexual health care is the responsibility of each individual.

Expected Outcomes:

- to recognize how sexually transmitted diseases endanger health
- to recognize the importance of regular medical checkups, including examination of the sexual organs

CONCEPT: Sexual abuse and rape have a significant influence on a child's emotional and physical health.

Expected Outcomes:

- to identify the ways young people may protect themselves against sexual abuse
- to identify the emotional and physical health care required by victims of rape.

CONCEPT: ***The family is a constantly changing unit.***

Expected Outcome: To recognize the process of the changing family structure.

Motivation: The family is undergoing many changes. Let us examine the influences that are creating changes and how these changes affect each family member.

Strategies: **Small-group discussion:**

1) Define family.
2) What is the purpose of a family?
3) Describe your family.
4) Is it possible to describe a "typical" family of today?
5) What are some of the reasons why family structures change? (Elicit divorce, death, separation, remarriage.)
6) How does change affect family members?
7) If a family member is handicapped, how does that affect relationships?

Interview—Roots: Interview a grandparent or older adult in your family. Ask the following: "When you were my age, who lived with you? Who worked? Who took care of the home? What responsibilities did the children have in the home?"

Compare: your grandparents' family with your present family. If you had the opportunity to create your own family, how would you arrange it?

Discussion: a) Define a single-parent family. b) What are some reasons for the existence of single-parent families? c) What are some of the problems for a single head of the household?

Compare and discuss: Ask older members of the family if they were born, grew up, and still live in the same area. Compare with the mobility of younger family members. How does mobility affect the family?

National Coordinating Council on Drug Education

CONCEPT: ***The family is a constantly changing unit.***

Expected Outcome: To describe the different responsibilities that males and females may have in various family structures.

Motivation: What are some of the responsibilities that various members of your family have?

Strategies: **Role play:** Assign groups to role play various situations that might happen when children live with a) a single parent; b) two parents; or c) a grandparent only. Example: a teenager forgets to pick up a younger sibling from the day-care center after school.

Research and discuss: Assign students to interview their families and others using any of the following questions: a) Who is responsible for meeting the family's financial needs? b) Who controls the expenditure of funds? c) Who makes decisions involving discipline? d) Who manages the general household? e)Have responsibilities changed because of illness, death, divorce, or fluctuations in employment?

Follow-up discussion: What areas of family life appear to be male or female dominated? Why is it important to share decision-making? What can happen if there is a change in family structure because of illness, death, etc.?

Analyze: Have students select different television series that center on family life. Describe the family in each series in terms of size, structure, income level, parent roles, and relationships to each other. How are these families similar to and different from your family?

List and discuss: Have students list various household jobs that are performed by males, females, or both. How are these jobs assigned in your family? Do you feel that these assignments are related to the sex of the people involved? Define sexual stereotyping. Do you think it is an advantage or disadvantage to be a boy or girl in your family? How would you arrive at sharing responsibilities in your own home?

View and discuss: the film *Wait Until Your Father Gets Home* (see Bibliography, p. 279).

National Coordinating Council on Drug Education

CONCEPT: ***The family is a constantly changing unit.***

Expected Outcome: To identify the effects of altered family structures.

Motivation: Read the following poem by Nancy Larrish, age 14, and Eve Merriam.*

Parents*

Why Can't They
Stay together
forever?
Didn't they think
about it in
the
b
e
g
i
n
n
i
n
g
They keep on
hurting themselves
and us.

I wish they would decide
one way or another.

Strategies: **Discuss:** What emotions are expressed in this poem? How does the situation described in the child's relationship with her parents?

Role play: Assign students to role play the following:

A teenager's parents are getting a divorce;
he or she discusses the situation with a friend.

Follow-up questions: a) How would the friend react? b) How can you be helpful to a friend experiencing family divorce or separation?

Class discussion: Aside from divorce, what other occurrences might cause changes in a family? When a crisis occurs or a family changes, what adjustments are necessary? What might family members do to cope with the situation?

**Male and Female under 18*, New York: Avon Books, 1973.

CONCEPT: ***The family is a constantly changing unit.***

Expected Outcome: To examine how adolescent changes affect family relationships.

Motivation: When you were a child you probably thought your parents were almost perfect. Does this still hold true for you today?

Strategies:

Small-group discussion: Students in small groups take up the following questions: a) What is your present relationship with your parents? Describe and discuss. b) Have your relationships changed over the past few years? c) Why have these changes occurred? Then the responses are summarized for the entire class.

Discussion: List some common conflicts between parents and adolescents. In small groups, discuss the source of each conflict. Brainstorm possible solutions to these conflicts. Report to the class. Using one of the proposed solutions, students role play a conflict between a parent and teenager.

View: the filmstrip "Adolescent Conflict." Discuss a) understanding of the conflict and b) resolving the conflict (See Bibliography, p. 280.)

Interview: Students interview their parents or other adults, asking them to list some conflicts they experienced when they were growing up. Students report to class with results. How did your parents' conflicts resemble what you are experiencing today? Were the conflicts similar or different? How were they resolved?

John Dewey High School

CONCEPT: ***The family is a constantly changing unit.***

Teacher Information:

In the past, most families included not only two parents and their children but were *extended* to include grandparents, aunts, uncles, and even cousins under one roof. Most American families of today are nuclear, limited to parents and children. Older members increasingly live alone or in senior citizen communities.

Problems of immediate concern for adolescents over which they have no control include:

- unemployment of a family member
- illness or death of a family member
- inadequate housing or income
- parental discord
- pressure resulting from community problems
- pressure from mass media
- parental drug or alcohol addiction

When assistance is requested, guidance counselors and other pupil-support services may be consulted.

Some of the following statistics may be useful in class discussions:

- Many married women work because of choice and economic necessity—54 percent in 1981.
- One-parent families maintained by women doubled between 1960 and 1981.
- Nineteen percent of all children live with one parent.
- Most American families are smaller today than in the past.
- Male and female roles are less rigidly defined.
- In 1981, there were 2,392,000 marriages and 1,193,000 divorces, making the divorce rate nearly 50 percent.

Sexual Stereotypes: Generalizations as to what is considered masculine and feminine behaviors.

Divorce: (Adapted from "How to Survive Your Parents' Divorce," developed by Robert E. Gould, M.D., Clinical Professor of Psychiatry at New York Medical College. See Bibliography, p. 267.)

- Accept the fact of the divorce; it is real and you will live through it.
- Try to distract yourself from the stress that your parents are going through, once you have learned enough so you don't keep wondering about it.
- Concentrate on relationships with your own friends and getting on in school.
- The feeling of loss that divorce causes is a painful experience.
- Do not lose confidence in yourself because your parents failed with each other; it's important for you to feel sure that you are loved, and that you can love in return.
- Remember that your parents got a divorce from each other and not from you; in all likelihood parents who loved you before the divorce will love you just as much after the divorce.

CONCEPT: ***Puberty is a time of many changes.***

Expected Outcome: To recognize the external physical changes that occur in males during puberty.

Motivation: In young men, the appearance of body hair is one of the first signs of growing up. How would a boy feel about the first signs of a beard?

Strategies: **Discuss and list:** on a chalkboard some of the obvious physical changes we notice in boys during puberty.

View and discuss: the film *Boy to Man* or *Am I Normal?* Then refer back to the list of physical changes on the chalkboard and complete the list with any changes that were overlooked, *e.g.*, nocturnal emission. (See Bibliography, p. 271.)

Discuss: why changes occur at different ages and at different rates in each individual. How did you feel when you first noticed that there were changes occurring in your physical appearance?

Expected Outcome: To identify the external physical changes that occur in females during puberty.

Motivation: In a young girl, changes in her body are one of the first signs of growing up. What are some feelings a girl may have about these changes?

Strategies: **List:** the physical changes occurring in girls during puberty.

View and discuss: film, *Girl to Woman* or *Dear Diary*. Refer back to the list of changes and make additions (See Bibliography, p. 273 or 272.)

Discuss: Do all girls experience these changes at the same age? How did you feel when you noticed these changes beginning?

Expected Outcome: To understand the role of the endocrine glands in the human reproductive system.

Motivation: Which glands are responsible for changes that occur in adolescence?

Strategies: **View and discuss:** filmstrip "Understanding Your Body—the Endocrine System," (see Bibliography, p. 284).

Identify and locate: the parts of the endocrine system. Describe the major function of each. Define hormone.

List: the bodily changes that hormones control at puberty.

Research: Differentiate between primary and secondary sex characteristics.

CONCEPT: ***Puberty is a time of many changes.***

Expected Outcome: To describe the structure and functions of the male reproductive system.

Motivation: Why is it important to understand how our bodies function?

Strategies: **View:** slides from the set "Human Reproduction 100" illustrating the male reproductive system. (See Bibliography, p. 282.)

Label: Provide students with a diagram of the male reproductive system. Review parts and functions. (See p. 119 for diagrams of the male reproductive system.)

Discuss: Many societies have special puberty rites for boys, generally to symbolize that they have attained adulthood. List those with which you are familiar. (Include Western and Eastern cultures.)

Expected Outcome: To describe the structure and functions of the female reproductive system.

Motivation: Why is it important to understand how our bodies function?

Strategies: **View:** slides from the set "Human Reproduction 100" illustrating the female reproductive system. (See Bibliography, p. 282.)

Label: Provide students with a diagram of the female reproductive system. Review parts and functions. (See p. 120 for diagram of the female reproductive system.)

Discuss: What is menstruation? Describe the menstrual cycle. What is the relationship of menstruation to the reproductive cycle? Why may it be helpful for some girls to eat foods high in iron or to take an iron supplement during adolescence?

Discuss: Many myths exist concerning physical activity and hygiene during menstruation. Are there limits to physical activity? What hygiene habits are necessary at this time? What are the precautions one should take when using tampons? (See Teacher Information on Toxic Shock Syndrome, p. 82.)

CONCEPT: ***Puberty is a time of many changes.***

Expected Outcome: To understand new feelings that accompany physical changes during puberty.

Motivation: During puberty, physical changes cause new feelings and tensions within us. What are these new feelings and tensions that we are experiencing?

Strategies:

View and discuss: film, *Then One Year* (See Bibliography, p. 278.)

Define: "anxiety." Explore the effects of tension and anxiety on behavior. Identify ways in which we release our tensions, for example, sports, dancing, communicating.

Generalizing experience: Divide the class into small groups. Present case study to all groups for discussion:

> Tommy's voice cracks as he responds in class. The class laughs. Discuss: a) How might Tommy respond to this situation? b) What might be the difference in class response from a group that studied adolescent development? c) How would you behave in such a situation?

Role play: Have students role play two girlfriends discussing physical development. One is very developed physically and feels self-conscious about it. How might a friend be of assistance?

Classroom discussion: What personal health habits will improve your physical appearance and feelings about yourself (*e.g.,* proper nutrition, exercise, skin care, rest, relaxation)?

Statement to students: For many young people, masturbation is a source of sexual release. However, it may cause guilt feelings for a variety of reasons. Experts agree that masturbation is not physically harmful; many myths still exist about masturbation.

Define: "masturbation."

NOTE: Since attitudes toward masturbation vary, teachers should be sensitive to the religious and cultural values of the community and individual families.

Statement for discussion: Some boys and girls have close friendships with members of the same sex at a time when they are learning about relationships with the opposite sex. These friendships may have an element of sexual experience in them but should not be confused with homosexuality.

View and discuss: film, *What About McBride?* (See Bibliography, p. 278.)

Define: *homosexuality* and *stereotype.*

Small-group discussions: How do we treat people whom we consider "different?" Why is it unkind and dangerous to stereotype people by appearance, speech, profession, or any other characteristic?

CONCEPT: ***Puberty is a time of many changes.***

Expected Outcome: To recognize that there are a variety of emotions involved in relationships with others.

Motivation: During puberty we experience emotional as well as physical changes. Let's examine how these changes affect our relationship with others.

Strategies: **Identify and discuss:** some of the feelings we have towards others, such as anger, love, fear, hate, and anxiety. Who are some of the people for whom we have these feelings? What are some of the ways in which we express them? Are these feelings permanent or do they change because of different situations?

NOTE: Teachers may use role play to promote discussion.

List: Those individuals close to you. Next to their names identify the feelings they have about you and how they show them (e.g., hugging, scolding, crying, praising).

React: to the following statements:

(1) When you care about someone, you have many responsibilities to that person.

(2) Girls and boys involved in a friendship should consider each others' feelings.

(3) Young people may make decisions about sexual behavior without understanding the responsibilities and moral and religious issues involved.

View and discuss: film, *It Must Be Love 'Cause I Feel So Dumb.* What important discussions had to be held in the film? What values guided these discussions? (See Bibliography, p. 275.)

Write: a short poem about love. Share your poem with the class.

Class collage: Ask students to bring in pictures of people in love. Share the pictures with the class and note the many ways in which love is expressed.

List: the reasons why some young people begin to engage in sexual activities. What emotional needs are being satisfied? Are there other ways for satisfying these emotional needs? What are the possible effects of premature sexual activity?

Dialogue Writing: Ask students to prepare a dialogue on how to say no to a boyfriend/girlfriend when being pressured to have sex. Invite volunteers to role play several prepared dialogues, and have class react to feelings expressed in the dialogue.

NOTE: Dialogue writing allows students to safely think out their viewpoints in seeking answers to uncomfortable situations.

CONCEPT: ***Puberty is a time of many changes.***

Teacher Information:

Nocturnal Emission: An ejaculation of fluid through the penis, usually the result of dreams induced by sexual tensions. This is a normal occurrence in young adolescents. The presence of sperm in the fluid is an indicator that the male has biologically reached puberty.

Primary/Secondary Sex Characteristics: Primary sex characteristics are those parts of the reproductive system which distinguish male from female. Both the male sex hormone testosterone and the female sex hormone estrogen are present in both sexes. In the male, testosterone is produced in the testes. Testosterone is responsible for secondary sex characteristics such as pubic and facial hair, deeper voice, growth in penis and testes and developing musculature. In the female, estrogen is produced in the ovaries, and is responsible for secondary sex characteristics such as breast development, rounding of the hips, and pubic hair.

Erection: During sexual excitement, blood vessels of the penis fill with blood and become greatly enlarged, causing penis to stiffen and protrude from the body at an upward angle.

Masturbation: Conscious self-stimulation to effect erotic arousal, usually by manipulating the genitals. Adolescents worry about masturbation because of myths concerning effects such as acne, impotence, and loss of mental ability. No relationship between masturbation and such physical defects has ever been established.

Homosexuality: Homosexuals are individuals who have sexual experiences primarily with other individuals of the same sex. Homosexuals have no particular set of characteristics and therefore cannot be identified by body build, behavior, choice of professions, or hobbies. Teachers should be aware that students sometimes label their peers because their choice of activities may not fall within their sex roles as defined by society.

Menstruation: Menstruation generally begins between ages 11-14, but may begin as early as 9 or as late as 18. The age of onset of menstruation (this is called menarche), is influenced by many factors, including heredity, health, and nutrition.

Although the first year of the cycle may be marked by irregular periods, this does not preclude pregnancy. Also, while the beginning of the menstrual cycle means the possiblity of being able to conceive a child, ovulation (the production of a mature egg) occurs before menstruation and therefore it is possible to become pregnant before having the first menstrual period.

The menstrual cycle: The time from the beginning of one menstrual period to the next—does generally take about a month, but may range from 21 to 35 days. The monthly cycle may also vary within the same person from time to time. Illness, nutrition, and one's emotional condition can all affect the frequency of the menstrual period.

The important stages in the menstrual cycle are as follows:

1. The ovaries on each side of the uterus produce mature eggs, also called ova. Each month a mature ovum breaks out of the ovary (ovulation), and travels through a short, narrow tube called the fallopian tube. If fertilized, the egg will then move along the tube and in three to four days will reach the uterus.
2. By the time the ovum arrives, the uterus is prepared to receive it. The lining of the uterus called the endometrium is prepared to nourish the ovum, if it has been fertilized. The endometrium contains blood and fluids through which the developing embryo/fetus receives its nourishment.

3. Most of the time, an egg is not fertilized and there is no need for the rich blood or the nourishing fluid from the uterine lining. The thickened lining of the uterus thus breaks down and the blood and fluid leave the body through the vagina in the form of menstrual flow.
4. Meanwhile, another egg is maturing, and the whole process, the menstrual cycle, begins again.

Many myths exist about menstruation. A healthy girl can take part in any activity that feels comfortable. Bathing and washing oneself during menstruation is desirable. Exercise during this period is also beneficial; many physicians believe that regular exercise helps lessen cramps and bolsters a girl's emotional state.

In most females, the menstrual cycle continues for about 30 to 40 years after onset. When a woman's ovaries gradually stop producing the hormones that control the cycle, the cycle ceases, and the woman stops menstruating. The ceasing of menstruation is called menopause or "change of life."

Advisory on Toxic Shock Syndrome (TSS): In 1980, a newly recognized illness known as Toxic-Shock Syndrome (TSS) was reported to the Centers for Disease Control (CDC). TSS seems to affect previously healthy younger women during their menstrual periods. The syndrome is characterized in its most severe form by a sudden onset of high fever, vomiting, and diarrhea with rapid progression to hypotension and shock. These symptoms are accompanied by an erythematous macular rash (similar to sunburn) which later scales or peels, particularly on the palms and soles. Patients require large volumes of fluid and frequently require intensive care. Urine output is often decreased and patients may be disoriented or combative. The case fatality ratio is between 3 percent and 10 percent.

Preliminary studies indicate that there may be a correlation between TSS and the use of tampons.

The Centers for Disease Control suggest that women who have not had TSS are at very low risk of TSS and need not change their patterns of tampon use; however, if they wish to reduce an already small risk, they might use tampons only during part of the day or during only part of the menstrual cycle.

School health services personnel must advise students, staff, and parents of the potential risk and of the CDC recommendations regarding risk-reducing practices. Information on TSS must be incorporated into all classes and counseling sessions relating to menstrual hygiene.*

*NOTE: Adapted from U.S. Food and Drug Administration *Drug Bulletin*, July 1980, Vol. 10, No. 2.

CONCEPT: ***Adolescence is a time of rapidly changing needs.***

Expected Outcome: To understand that adolescents need to develop individual and group relationships outside the family.

Motivation: What are some of the reasons for developing relationships with groups of people other than the family?

Strategies: **View:** film, *What Is a Friend?* (See Bibliography, p. 279.)

Discussion: We know that friends fulfill and satisfy many of our needs. Do we sometimes place too much importance on how a person looks? How do we select our friends? Develop a list of characteristics that we consider important in a relationship (*e.g.*, honesty, trust, physical appearance, athletic ability).

Brainstorm: The importance of friends in becoming emotionally mature. How do our friends help us (*e.g.*, provide confidence, companionship, aid in developing social and educational goals).

Discussion: At times our selection of friends causes conflicts with parents. How do you deal with your parents/friends when this occurs? Explain why you feel as you do about an individual?

Discussion: What are some of the decisions you might have to make when peer pressure comes into conflict with your family's value systems? List the following problem areas on the board for discussion: sexual behavior, shoplifting, drugs, alcohol. How might decisions about these matters affect your future?

Statement: Friendship with peers usually takes on greater importance during adolescence. How does this affect family relationships?

Show and discuss: film, *The Party's Over.* How would you deal with an uninvited guest at your party? (See Bibliography, p. 277.)

Discuss: How to say "no."

1. What is peer pressure?
2. How are we all influenced by peer pressure?
3. Have you ever noticed adults being pressured by their peers?
4. Have you ever been persuaded to do something you felt was wrong?
5. What does "going along with the crowd" mean?
6. Does it bother you to be called names, e.g., "chicken, prude," by your peers because you won't go along with the crowd?
7. What do you feel when you don't do what the group is doing?
8. How do you say "no" if a date wants to have sex and you don't?

Introduce: IALAC Strategy (See Teacher Strategies, p. 13).

CONCEPT: ***Adolescence is a time of rapidly changing needs.***

Expected Outcome: To recognize the adolescent's need to become emotionally independent.

Motivation: Do you consider yourself a child or an adult?

Strategies: **Discuss:** Adolescents are neither children nor adults. How does this statement relate to your feelings about yourself? How does this statement relate to your relationship with your parents?

Thinking it through: What do we mean by emotional maturity? What is meant when one person says to another, "Why don't you grow up?" Consider your behavior over the past few weeks. On a piece of paper list those behaviors you consider mature and those you consider immature. Look at your list; describe in one paragraph how you feel about your list. Which behaviors would you change if you could? Why do you want to change them?

Statement: As adolescents mature and make more independent decisions, they are often in conflict with adults. List some of the decisions that you feel mature enough to make independently. Identify those which are presently made by adults in your family. Which of these decisions might cause a family conflict?

Imagine: you are a parent of a 13-year-old. What rules would you establish for dress, curfew, friends? How do these compare to your family's rules for you?

Role play: A friend's parents will be away and your friend wants to have a party in his or her home. Role play a discussion with your parents or your friend about attending the party.

March of Dimes Birth Defects Foundation

CONCEPT: ***Adolescence is a time of rapidly changing needs.***

Expected Outcome: To understand that social activity provides an opportunity to develop skills in making responsible decisions.

Motivation: What are some of the activities that you enjoy doing with others?

Strategies: **Small group discussion:** Ask the students to interview parents and grandparents. Have dating practices changed over the past 40 years? If so, how?

View and discuss: the film, *Dating*. Why are double and group dates so popular among young people? Do you think young people should experience group dating before single dating? Why? (See Bibliography, p. 272.)

Discuss: in small single-gender or mixed groups what students look for in a friend of the opposite sex (*e.g.*, looks, popularity, intelligence, special interests). Rate the characteristics mentioned in order of importance. Share information with the class.

Fantasize: Have students write a description of what they would consider to be a "best date" and/or a "worst date," and analyze their choices.

NOTE: Students should not identify names of dates.

Brainstorm: a list of low-cost activities for dating (*e.g.*, rollerskating, attending museums, picnics, park concerts). Who should pay, the boy, the girl, or both share expenses?

Discuss: How would you expect your partner to behave on a date? Would you communicate your feelings? How would you do this?

Interview: Have students interview an older friend for advice on dating behavior and attitudes. Share the information.

Brainstorm: What are some of the advantages and disadvantages of steady dating for junior high school students? Compile lists of each on the board and compare.

Social barometer: Students move to an area of the room designated "agree" or "disagree" to indicate their answers. Do you agree or disagree with the following statements? Why?

- Adolescence is a time to get to know many different kinds of people.
- Adolescents often disappoint one another.
- There are many ways in which adolescents can express their affection for one another.
- Part of any good relationship is knowing where you stand with the other person.

Questions: Divide students into two groups of girls and two groups of boys. Each group makes a list of "questions I always wanted to ask the opposite sex about dating." Taking turns, each group asks a question which someone else answers.

CONCEPT: ***Adolescence is a time of rapidly changing needs.***

Teacher Information:

Adolescence is a period when biological maturation outstrips psychological growth. The adolescent experiences new physical changes and feelings. Hormones accelerate sexual maturation and trigger sex drives and the adolescent may not yet know how to direct them or give them proper expession. Behavior may be erratic with the adolescent vacillating between periods of independence and dependence. Adolescents now spend more time with their friends. The desire for independence may cause family conflicts. The desire for independence may be reflected in:

- rebellion against authority
- conflict over the use of money
- disagreements over dress, appearance, and selection of friends
- conflict between youngster's aspirations and family expectations
- disagreements regarding boy-girl relationships

Variations in growth rate are normal and are influenced by sex, genetics, nutrition, and environment.

The changes in puberty may cause an increase in energy which, in turn, may produce tension and stress. This is often a period of increasing self-awareness and anxiety over early or delayed pubertal changes, awareness of sexual urges, uneven growth, awkwardness, and acne.

Adolescent tensions and stress may be caused by a need or desire to meet peer-group expectations in situations involving sexual behavior, choice of friends, manner of dress and speech, choice of recreation, alcohol, tobacco, and drugs.

Dating provides an opportunity to:

- improve self-concept
- get to know someone of the opposite sex
- sort out the positive and negative traits of people and ways of reacting to them
- develop an understanding that family value systems differ
- clarify emotional feelings towards another individual
- understand responsibilities involved in relationships
- develop standards for the selection of friends
- set a foundation for future relations

Some disadvantages of steady dating in junior high school are:

- loss of opportunity for interaction with a variety of individuals
- exploitation of the convenience aspects in a relationship
- increased intimacy which may result in a variety of emotional and physical problems

One of the most sensitive issues for junior high school students is adolescent sexual intimacy. Without making censorious statements which will decrease students' feelings of self-worth and without condemning parental actions which may differ from traditional codes, the teacher's role is to help students examine the problems and dangers of adolescent sexual intimacy and to highlight the positive values of love, commitment and marriage.

However, even at the junior high school age, many adolescents are involved in relationships which can and frequently do lead to sexual intimacy. It is important for these young people to know that sexual intimacy is unwise and may be dangerous because they do not yet have the necessary emotional maturity.

CONCEPT: ***Human reproduction involves many responsibilities on the part of men and women.***

Expected Outcome: To describe the biological process of fertilization.

Motivation: Physical sexual development prepares men and women for reproduction. We will examine this process.

Strategies: **Define:** "fertilization." What other words can we use that have the same meaning (*e.g.*, conception, beginning of pregnancy)?

View: slides from the set "Human Reproduction 100," (see Bibliography, p. 282) or diagrams to review the male and female reproductive systems. Trace the path of sperm cells from the testes through the penis; trace the path of an egg cell from an ovary to a fallopian tube; trace the path of sperm cells as they attempt to fertilize the egg.

View and discuss: the filmstrip "How Do Sperm and Egg Join?" (See *Human Growth and Development* series, Bibliography, p. 281.) Review the process of fertilization. How many sperm are required? What happens to the sperm that do not enter an egg cell?

Discuss: Why does fertilization sometimes result in twins? Why are some twins called *fraternal* and others *identical*?

Discuss: Fertilization may occur at various times depending upon each woman's menstrual cycle. Because of the frequent irregularity of the menstrual cycle, it may be difficult to determine when a woman is fertile. Some of the hundreds of millions of sperm cells that are ejaculated may live in the female for as long as three days and fertilize the egg when ovulation later occurs. Since ovulation occurs before menstruation, it is possible for a woman to become pregnant before her first period.

Discuss: What does this tell us about the possibility of pregnancy as a result of intercourse?

List: the early signs of pregnancy.

CONCEPT: ***Human reproduction involves many responsibilities on the part of men and women.***

Expected Outcome: To trace the development of the embryo and fetus following fertilization.

Motivation: While the fertilized egg divides and continues to divide, by the sixth day it is only the size of a freckle. Let's trace the stages of development of the embryo.

Strategies: **View and discuss:** the filmstrip "Understanding Human Reproduction," Part II or March of Dimes Parenthood Education Program (PEP) Fetal Development Time-Line Chart. What is the purpose of the umbilical cord? What is the purpose of the placenta? (See Bibliography, p. 283 and 252.)

Trace: the path of food and oxygen from the blood of the mother into the blood of the fetus. How is the fetus protected? At what stage of development is the embryo called a fetus?

Describe and Discuss: the development of the embryo and fetus.

Expected Outcome: To recognize the importance of prenatal care for the mother and her developing fetus.

Motivation: A fetus develops with amazing speed. A fetus of two months, only one-quarter inch long, has a spine, brain, and heart. Why is it important for a woman to go to a doctor or clinic as soon as she thinks she is pregnant?

Strategies: **Research:** What are some of the services available in the community for prenatal care? Where are they located? How does an individual arrange for service and payment? (See Appendix C for a directory of health services, pp. 199-229.)

Invite: a prenatal nurse from a nearby hospital, school health service, or Health Department clinic to discuss the need for good health habits and health care during pregnancy.

List: health habits that are important.

Discuss: Although the embryo or fetus is immune to most communicable diseases, diseases such as rubella, syphilis, and gonorrhea affect it adversely. Discuss the effects of rubella, gonorrhea, and syphilis on a developing fetus and the newborn. How does the school immunization program protect our children?

Research: Assign small groups of students to research the effects of drugs, alcohol, smoking, and caffeine on the developing fetus. Include the effects of prescribed medications such as synthetic estrogen and DES. Write a group report and present it to the class.

CONCEPT: ***Human reproduction involves many responsibilities on the part of men and women.***

Expected Outcome: To recognize that genes determine the heredity of each individual.

Motivation: Many of you have been told that you look exactly like someone in your family. Do you believe this to be true? Why is this so?

Strategies: **Discussion:** Students discuss similarities and differences between themselves and their parents or siblings. Discuss height, skin color, shape, etc.

NOTE: Teachers should be sensitive to the fact that some youngsters may not be living with their biological parents.

Discussion: Is it possible for two people who are not identical twins to look exactly alike? Why? Why not?

View: the film *Genetics, Chromosomes and Genes* (see Bibliography, p. 273).

Research: Assign students to study the structure of the ovum and sperm. How do these cells decide the appearance and sex of the individual?

Discuss: Some diseases can be transmitted genetically, such as sickle-cell anemia. Laboratory tests early in pregnancy can determine whether a fetus has abnormal genes. Define genetic defects. Identify common genetic defects. What causes genetic defects? How can the possibility of genetic defects be lessened?

Expected Outcome: To be able to describe the birth process.

Motivation: Although the total time varies from baby to baby, most human babies are ready to be born about 280 days after fertilization. We will examine the process of childbirth.

Strategies: **Identify:** the three stages of birth.

Discuss: labor, birth, delivery of the placenta.

Discuss: Why is it important to have proper medical assistance at this time?

Define: caesarian section, breech birth, premature birth.

Research: Have students interview an adult who has given birth.

View: the film, *A Baby Is Born* (see Bibliography, p. 271).

NOTE: Teacher may wish to invite health care professionals for additional discussion.

CONCEPT: ***Human reproduction involves many responsibilities on the part of men and women.***

Expected Outcome: To identify those factors which indicate a high-risk pregnancy.

Motivation: What do we mean by "high-risk pregnancy"? There are certain women for whom doctors will plan special care during and after pregnancy because special conditions place them in a high-risk category. We will examine some of these factors.

Strategies: **Discuss:** Elicit from students those factors which contribute to high-risk pregnancy. Include for discussion poor nutrition, age, genetic defects, drug and alcohol abuse, obesity, and small pelvic structure. How would some of these factors affect the adolescent? Why can pregnancy create serious problems for girls who have not completed their own physical development?

Interview: a physician or nurse regarding possible risks of adolescent pregnancy.

Expected Outcome: To identify the emotional and social effects of pregnancy and childbirth on the family.

Motivation: There may be changes in the life-style of families as a result of pregnancy and childbirth.

Strategies: **Discuss:** What do you think are some of these changes? Have you experienced any in your family? List the adjustments that take place as a result of pregnancy and childbirth (e.g., employment, financial needs, social activities, responsibilities of family members).

Interview: Assign students to interview pregnant women and recent mothers regarding the changes and adjustments they have experienced.

Identify: community groups such as day-care centers, health clinics, and religious organizations that offer assistance to prospective parents.

Discuss: some of the problems involved in utilizing these services.

March of Dimes Birth Defects Foundation

CONCEPT: ***Human reproduction involves many responsibilities on the part of men and women.***

Expected Outcome: To recognize some of the social and emotional problems related to adolescent pregnancy.

Motivation: Why is teen pregnancy a major cause for school dropouts?

Strategies: **Buzz groups:** How does a pregnancy affect the life of a teenager?

Role play: Two teenagers discuss a friend's pregnancy. Start the role play with the phrase, "Did you hear about Joanie?"

Discuss: All pregnant women have special needs. Pregnant teenagers need additional services such as counseling, financial assistance, and emotional support. How can the following school and community groups help the pregnant teens: parents, religious leaders, social agencies, guidance counselors, health education teachers, physicians, etc.

Discuss: What are some community and religious attitudes towards the pregnant adolescent? Discuss the adolescent's relationships with peers, parents, teachers, and social community agencies.

React: To a pregnant teenager who says, "I want something of my own to love."

Discuss: Are junior high school fathers and mothers ready for parenthood? Why? Why not? How might it affect their futures? What are the possible consequences to both the mother and father?

View: videotape/film *Looking for Love,* shows the changed lives of middle year teens who assume the parental role, their educational, social, and financial adjustments. (See Bibliography, p. 275.)

Expected Outcome: To understand that couples have a right to decide when and how many children they will have.

Motivation: Often married couples mutually decide to delay starting a family until they have completed economic or educational goals in order to provide for the needs of their children. They agree, too, on a method of contraception based on personal, cultural, and religious beliefs.

Strategies: **Define:** what is meant by contraception.

Lecture: Invite a physician or health clinic specialist to explain various methods of birth control and their effectiveness.

Identify: What resources for family planning assistance are available in the community?

NOTE: Teachers should be sensitive to the fact that decisions will be based on personal, cultural, and religious beliefs and relationships. For further information see High School section, pp. 170-171.

CONCEPT: ***Human reproduction involves many responsibilities on the part of men and women.***

Expected Outcome: To explore the options when an unintended pregnancy occurs.

Motivation: Imagine someone you know is pregnant. Given your values and feelings, what would you suggest?

List: As a result of the discussion, list the options including: teenage marriage, adoption, single parenthood, foster care, extended family, abortion.

Discuss: family and community resources available for assistance when there is a pregnancy (*e.g.*, parents, father of the child, clergy, social and cultural agencies, health agencies).

NOTE: Teachers should be sensitive to the fact that decisions will be based on personal, cultural, and religious beliefs and relationships. For further information see High School section, pp. 170-176.

Teacher Information:

THE PROCESS OF REPRODUCTION

Fertilization:

- Head and neck of one sperm cell penetrate the membrane surrounding the egg.
- 23 chromosomes of sperm unite with 23 of egg to form zygote (nucleus of new cell).
- 23 pairs comprise the biological heritage of new individual.
- Period of egg or blastocyst lasts two weeks.

Embryo (From three to eight weeks after fertilization):

- All rudimentary organs and limbs are formed during the next 2-8 weeks.
- Refinement of organs connecting mother and embryo.
- Branching structures (villi) from walls of blastocyst hold embryo in place in uterine lining.
- Osmosis permits nutrient materials and oxygen to be transferred to embryo by villi.
- Waste products are transferred to mother's blood in a reversal of this process.
- Weight is less than 1/15 of an ounce.
- Length is 1½ inches.
- Size in centimeters:
  - 1 month — 1 cm
  - 2 months — 4 cm
  - 3 months — 9 cm
  - 4 months — 16 cm

Fetus (From eight weeks after fertilization until birth):

- At about 12 weeks the placenta takes over the function of villi.
- Development of umbilical cord.
- Amniotic sac has been formed.
- Fetal movements are felt at about 20 weeks (sometimes as early as 15 weeks).
- Fetal heartbeat can be heard at about 20 weeks.
- Uterus grows and extends into upper abdomen.
- Baby's head moves into pelvis about 3 weeks before delivery except in multiple or breech births.

CONCEPT: ***Human reproduction involves many responsibilities on the part of men and women.***

Teacher Information:

Birth:

- Usually occurs 10 lunar months (280 days) after conception.
- Average length is 18 inches (50 cm).
- First stage of labor is from onset of labor to full cervical dilatation. This is accomplished by uterine contractions which stretch and dilate the cervical canal.
- Plug of mucus that prevents infections from entering cavity is released.
- Rupture of bag of waters occurs. This can happen prior to labor or birth.
- Second stage of labor is from full dilation of cervix to birth.
- Second stage of labor brings fetal head to vaginal opening.
- Baby is delivered through dilated cervix.
- Umbilical cord is severed.
- Third stage is delivery of afterbirth (placenta, amniotic sac).

Multiple births: Fertilization of more than one egg, or a division of fertilized ovum, or a combination of these two, results in multiple births. Twins may be:

- fraternal: developed from more than one egg.
- identical: developed from one egg.

Physical Influence in the Developing Child: Many diseases can be transmitted through genes or chromosomes. Some examples of such diseases are:

- Down's syndrome
- Tay-Sachs
- sickle-cell anemia
- cystic fibrosis

Diseases transmitted through the genes, no matter how healthy the individual is, can be passed on to the next generation. Genetic counseling provides a realistic view of what a couple can expect.

Birth defects may result from environmental factors—unfavorable living conditions for the fetus during prenatal development.

Congenital diseases such as rubella and syphilis can cause permanent damage to the fetus. A congenital condition is one that exists at birth, but is not necessarily inherited.

Syphilis can be passed from the pregnant woman to the fetus. Medical treatment can cure the disease quickly and lead to the birth of a healthy baby.

Rubella (German measles) can cause fetal deformities if the pregnant woman is exposed early in pregnancy. As a result of the rubella epidemic in the 1960s thousands of children were born with serious birth defects. Early immunization is the best protection against rubella.

A pregnant mother with untreated gonorrhea can infect her baby as it passes through the birth canal. In the past many babies became blind after birth because of a gonorrheal infection. Now the present practice of applying medication to the eyes of newborn children has virtually eliminated this kind of blindness.

Additional information can be found in references listed in the bibliography for professionals.

Refer to "Genetic Counseling" available from the March of Dimes, 622 Third Avenue, New York, N.Y. 10017 (See Bibliography, p. 252.)

CONCEPT: ***Sexual health care is the responsibility of each individual.***

Expected Outcome: To recognize how sexually transmitted diseases endanger health.

Motivation: Persons of any age can become infected with one or more sexually transmitted diseases by having sexual relations with an infected person. However, the rate for teenagers and young adults is four times the average rate for all other ages.

Strategies: **Define:** what is meant by sexually transmitted diseases.

View: the filmstrip "VD: Attack Plan " (see Bibliography, p. 284).

Identify: What are some of the most common sexually transmitted diseases?

Discuss: What are some of the signs and symptoms of infection?

Research: the effects of the following diseases if untreated:

- syphilis
- gonorrhea
- herpes

What are the effects of sexually transmitted diseases on the fetus and newborn baby?

Chart: Groups prepare charts illustrating the immediate and long-term effects of untreated sexually transmitted diseases.

Invite: a speaker from the Venereal Disease Control Unit of the Department of Health.

Discuss: diagnostic and treatment procedures.

Research: What services are available for treatment in the community?

Discuss: What are some reasons why people who suspect they have a sexually transmitted disease hesitate to go for treatment?

Role play: You have a friend who suspects he or she has contracted a sexually transmitted disease. What advice would you offer?

Brainstorm: What responsibilities does an infected individual have? What are some of the ways of controlling the epidemic of sexually transmitted diseases?

CONCEPT: ***Sexual health care is the responsibility of each individual.***

Expected Outcome: To recognize the importance of regular health care and medical checkups, including examination of the sexual organs.

Motivation: It is your body. Only you can decide how to take care of it. An important part of that care is regular health care.

Strategies: **List:** the safety and health procedures we should include in our life style with the onset of puberty.

Discuss: Why is it important to have regular medical checkups including examination of the sexual and reproductive organs, as well as the rest of the body?

Invite: physician to discuss the procedures of a medical checkup for males and for females.

Discuss: What are some areas of concern for males and for females? What is the importance of the Pap smear? Breast examination? Examination of testes?

Write: to the American Cancer Society for current guidelines on Pap test recommendations.

Invite: a health professional to teach techniques for breast self-examination. Secure pamphlets from the American Cancer Society which describe techniques.

View: the film, *Breast Self-Examination* (See Bibliography, p. 272.)

Invite: a medical person to discuss the additional health precautions necessary for females whose mothers took diethylstilbestrol (DES).

Note: For further information regarding reproductive health care, see Teacher Information, p. 135.

CONCEPT: ***Sexual health care is the responsibility of each individual.***

Teacher Information:

SEXUALLY TRANSMITTED DISEASES

Male and female sex organs are the most common sites for infection. Sexually transmitted diseases are transmitted by having sex with an infected person. The primary method of transmittal is sexual contact.

Syphilis: Syphilis is a venereal disease that affects the entire body and blood system, as well as the genitals. The syphilis germ usually enters the body through the skin around the sex parts, the rectum, or the mouth. It is almost impossible to catch the disease in any way but through sexual contact with an infected partner.

The symptoms evidence themselves in different ways. The disease develops in stages, and the first signs usually appear from 10 days to several months after contact. Symptoms are the same in both men and women. The first symptom is a painless sore, or chancre, that appears where the germ entered the body on the sex organs, rectum, or mouth. Women may have a sore inside where it is not visible. The disease is very contagious in this stage, and symptoms will usually disappear without treatment although the germs are still spreading in the body.

The second stage occurs about six weeks later, causing a general body rash that may cover the entire body, or just the hands and feet. Other symptoms may include sores in the mouth, sore throat, fever, headache, or hair falling out in patches. If the disease remains untreated, all symptoms will disappear and serious damage may occur in later stages.

Untreated syphilis in its final stages causes blindness, paralysis, and death. An infected mother can transmit syphilis to a fetus; antibiotics can cure the mother and prevent birth defects in the fetus.

A physician can diagnose the disease with the help of blood tests and microscopic examinations. Treatment with proper antibiotics is simple and completely effective. All sex partners should be notified immediately so that they can receive preventive treatment before the disease develops. Follow-up blood tests should be taken for several months after treatment.

CONCEPT: ***Sexual health care is the responsibility of each individual.***

Gonorrhea: Gonorrhea is often called "drip," "clap," "dose" or "strain." It is transmitted by any type of genital, anal, or oral intercourse with an infected partner. The disease can develop in the throat, penis, vagina, or rectum. The bacteria that cause gonorrhea die quickly outside the human body, therefore it is impossible to catch it from toilet seats, towels, or cups.

After sex with an infected partner, the disease develops within two to 10 days. However, some men and most women will not have symptoms at all until the disease has caused more severe complications. Early signs in the male may be a burning sensation when urinating, and a discharge from the penis that is yellowish and creamy. A woman may have a yellowish-green vaginal discharge. There are usually no symptoms caused by anal and oral gonorrhea, although a burning or pus-covered stool may indicate a rectal infection. Complications from untreated gonorrhea may result in sterility or arthritis, and a woman may develop pelvic inflammatory disease (PID), a serious infection in the urethra or tubes.

A physician's examination along with smear or culture tests are required for proper diagnosis of gonorrhea. Pregnant women should be tested repeatedly for gonorrhea, because the disease may be passed to the child's eyes during birth.

The disease is easily cured with proper antibiotics. One must return to the physician a week after treatment for a follow-up test. All sex partners should be tested and treated for the disease and sexual contact should be avoided until all tests after treatment are completed. Using a condom, or rubber, and washing after sex may help to prevent gonorrhea.

Genital Herpes: An infection caused by a virus, closely related to and sometimes the same as the virus that causes fever blisters around the mouth. Genital herpes is passed on from person to person by sexual contact; painful blister-like sores appear on or around the genital area a few days to a few weeks after contact with an infected person. These sores, although very painful, generally heal without scarring in seven to ten days; the virus, however, remains in the body and the sores can recur at any time. Repeat episodes of herpes tend to be less painful and heal faster than the original episode; when sores are present one can easily infect a sexual partner and sex should be avoided; once sores heal, sexual activity can be safely resumed. Presently, no cure for herpes is known.

Women with genital herpes should have a Pap smear (test for cervical cancer) at least once a year. They should also notify their obstetrician or gynecologist as special precautions may need to be taken during pregnancy. If a woman has internal herpes sores at the time of delivery, there is a good chance the infant, as it passes through the birth canal, will contract the disease. Tragically, more than half of these will die or be brain-damaged.

An alerted doctor can closely monitor the term of the pregnancy and the condition of the birth canal, and if he or she concludes that active sores might be present at the time of birth, evasive action (cesarean section) can be taken to protect the child.

CONCEPT: ***Sexual health care is the responsibility of each individual.***

Medical Treatment of Minors Under New York Law:* There are a number of situations where a physician may treat a minor without parental consent. These are discussed specifically below, and they include:

emergency treatment for:

a minor who has been married, is a parent, or is otherwise "emancipated";

a minor seeking sex-related medical care such as contraception or abortion who is mentally capable of giving informed consent;

and a minor who has been abused or neglected by his or her parents.

A physician may also diagnose and treat minors for venereal disease without parental consent. It has now been established that minors have a constitutional right of access to such services.

Public Health Law 17 provides that "records concerning the treatment of an infant patient for venereal disease or the performance of an abortion operation upon such infant patient shall not be released or in any manner be made available to the parent or guardian of such infant." As a matter of professional ethics, a physician is generally not permitted to reveal information obtained in a professional capacity relating to a patient or his or her records without first obtaining consent of the patient.

Even though unemancipated minors can consent to treatment for venereal disease and for contraception or abortion without the parent's permission, it is not clear whether the minors can be held legally liable for payment of the bill. If the parent of an unemancipated minor has consented to the treatment the parent is liable for the bill.

A physician may request the minor to pay for the treatment in advance or refer the minor to a non-profit agency for medical services.

*Excerpted from *Report by Committee on Medicine and Law—Association of the Bar of the City of New York, 1976.* Reprinted by Planned Parenthood of New York with special permission.

CONCEPT: ***Sexual abuse and rape have a significant influence on a child's emotional and physical health.***

Expected Outcome: To identify the ways young people may protect themselves against sexual abuse and rape.

Motivation: What are some of the situations where young people face the danger of sexual abuse and rape? (*E.g.*, hitchhiking, accepting presents from strangers, invitations from older adolescents and adults.)

Strategies: **Discuss:** How does one know if he or she is being sexually abused?

Define: "rape."

Show and discuss: films, *Boys Beware* and *Girls Beware* (Third Edition) (see Bibliography, p. 271 and 273).

Follow-up questions to films: What were some of the situations in which young people were in danger? How might these situations have been avoided?

Develop list: of suggestions that will help boys and girls protect themselves from being sexually abused or raped.

View: film series, *Acquaintance Rape*. Teacher and parents should preview series. (See Bibliography, p. 270.)

Discuss: Who should be informed if incidents occur or if there seems to be danger (*e.g.*, parents, teachers, guidance counselors, police)?

Expected Outcome: To identify the emotional and physical health care required by victims of sexual abuse and rape.

Motivation: In recent years, the women's movement has called attention to rape. Victims now feel more inclined to report sexual abuse and rape and seek assistance.

Strategies: **Small group discussion:** What are some of the reasons why sexual abuse and rape victims hesitate to tell parents, police, or physicians? Why is it important for victims to seek immediate medical treatment? What facilities are available in the community to assist sexual abuse and rape victims? What are some of the changing attitudes towards rape victims today?

Discuss: Behaviors and attitudes that may contribute to sexual abuse and rape.

Discuss: What can a person do if he or she is sexually abused by a member of his or her own family (incest)?

Invite speaker: Sex Crimes Analysis Unit, Police Department.

CONCEPT: ***Sexual abuse and rape have a significant influence on a child's emotional and physical health.***

Teacher Information:

Sexual Assault and Incest: The National Center on Child Abuse and Neglect currently estimates that the annual incidence of sexual abuse of children is over 100,000 cases per year. In 1982, 3,887 cases of child sexual abuse were reported in New York State.

Child Sexual Abuse: Contacts or interactions between a child and an adult when the child is being used for sexual stimulation of that adult or another person.

Incest: Sexual abuse which is perpetrated on a child by a member of that child's family group.

Definition of Rape: Force or the threat of force used to secure sexual contact; this crime is violent, not passionate. If someone the victim knows uses force for sexual contact, it is called acquaintance rape. Incest may be considered a type of rape.

What Children Should Know About Sexual Assault—Safety Tips for Children:*

1. **Your Body Is Yours (The Right to Privacy)**
   - Nobody has the right to touch you if you do not want to be touched.
   - If someone is bothering you, no matter who that person is, you have the right to stop them and tell another adult what happened.

2. **You Have the Right to Say No**
   - You have the right to say no to adults, not answer their questions, and scream for help if you feel you are in danger.

3. **Find A Grown-up Who Listens to You**
   - If someone bothers you, hurts you, or scares you, find a grown-up who will listen to you and tell him or her what happened.

4. **Trust Your Instincts**
   - If you get a feeling that something is wrong, you have the right to try to get away.
   - Be aware of your surroundings. If you think someone is following you, you can cross the street, change your route, run away, or go into a store or restaurant.

5. **Know Your Neighborhood**
   - Know where your police and fire departments are located, or the stores and restaurants where you could go for help when necessary.

6. **You Have the Right to Get Help**
   - Think about adults who can help and adults who will listen to you. If they don't help, tell someone else until you find someone who will help.

*Adapted from the New York City Task Force on Rape—Human Resources Administration, Family and Adult Services.

CONCEPT: ***Sexual abuse and rape have a significant influence on a child's emotional and physical health.***

Rape Prevention (adapted from New York City Advisory Task Force on Rape): The first element of successful rape avoidance is attitude. Research studies show that attackers select victims whom they perceive to be helpless and vulnerable. A calm and confident attitude can deter crime in many cases.

Some preventive measures against rape:

- Be aware of your environment at all times.
- Trust your instincts when they tell you danger is near.
- Don't ever be afraid or embarrassed to make a scene or draw attention to yourself if someone is threatening you.
- Be especially alert when you are sick, tired or have taken alcohol or drugs of any kind.
- Have a positive mental attitude: I can succeed; I am strong and powerful.
- Be aware of your rights: I have a right to say 'No'; I do not have to follow another person's orders; I have a right to be where I want without harassment.
- Be aware of the dangerous places in your life. Think about your options at home, on the street, at work, at play. Where could you go for help? Would someone be near enough to hear you scream?
- Be alert in badly lit areas, in elevators, with groups of people you don't know well. Don't be afraid to change your plans or your direction if you sense danger. Being rude is better than getting raped.

Some Additional Preventive Measures Against Sexual Assault/Abuse:*

- Public restrooms should be used with caution. If a young person must use such facilities, it is best to have someone accompany him/her.
- Never hitchhike or accept a ride from a stranger.
- Young people should tell parents/guardians where they are going, with whom they will be, and when they will return. If late in getting home, they should call and let someone know that they have been detained.
- Shortcuts through deserted areas, alleyways, vacant lots or abandoned buildings should be avoided. Walk to and from school with friends or a group of friends, if possible.
- Discuss with parent/guardian any incident which is disturbing or confusing, even if it seems embarrassing.
- Parents should exercise care in selection of baby-sitters.
- Young people who baby-sit should also know something about the families for whom they sit.

Reports of Suspected Child Abuse and Maltreatment: School staff members who have reasonable cause to suspect that a child is abused, maltreated, or neglected shall notify the principal or his or her designee immediately.

Board of Education, Chancellor's Regulations, No. 750A, 4/30/82: describes the reporting procedures for school personnel for cases of suspected child abuse and maltreatment.

State Education Department Guidelines on Sexual Abuse: These are guidelines developed by a statewide task force to assist professionals responsible for reporting sexual abuse, neglect, and exploitation of children. (See Bibliography, p. 253.)

*Adapted from a flyer, "Children! Be Safe, Be Alert," prepared by the Police Department of the City of New York.

CONCEPT: ***Sexual abuse and rape have a significant influence on a child's emotional and physical health.***

Other sources of Help:

Sex Crime Report Line, 732-7706.
(Police Department of the City of New York)

Victim Services Agency, 577-7777 (24 hours).

New York Women Against Rape, 777-4000.

Safe, 242-4874.

High School

CONCEPTS

- ***Males and females experience emotional, behavioral, and physical changes during adolescence.***
- ***Sexual health requires responsibility to oneself, one's family, and society.***
- ***Awareness of the reproductive process is conducive to sound decision-making.***
- ***Starting and maintaining a family involves responsibility.***

OVERVIEW: HIGH SCHOOL

CONCEPT: Males and females experience emotional, behavioral, and physical changes during adolescence.

Expected Outcomes:

- to describe the factors that influence self-concept
- to identify physical changes occurring during puberty
- to identify ways to live with the new me
- to describe the changing roles and behavior of men and women in today's society
- to identify and consider those influences which encourage responsible decision-making
- to identify ways of utilizing dating to improve social development
- to identify and practice skills related to improving communication of emotions and values.

CONCEPT: Sexual health requires responsibility to oneself, one's family, and society.

Expected Outcomes:

- to list all parts and functions of the male reproductive system
- to list all parts of functions of the female reproductive system
- to describe the relationship of menstruation to the reproductive process
- to recognize how sexually transmitted diseases endanger health
- to evaluate the importance of regular health care
- to identify and evaluate the choices involved in sexual expression
- to determine ways we can reduce the incidences of abuse, assault, or rape.

CONCEPT: Awareness of the reproductive process is conducive to sound decision-making.

Expected Outcomes:

- to explain the role of genetics in human reproduction
- to trace the stages of embryonic and fetal development
- to identify ways of experiencing a happy, healthy pregnancy
- to describe the process of childbirth.

CONCEPT: Starting and maintaining a family involves responsibility.

Expected Outcomes:

- to describe the nature of love and relationships
- to identify elements which contribute to a successful marriage
- to identify responsibilities involved in parenting
- to describe available family planning methods
- to identify alternative actions to unintended pregnancies
- to identify the different types of families
- to recognize that education for sexuality is a lifelong process
- to recognize the need of physically disabled persons for adult relationships
- to describe why an able-bodied person might marry a severely impaired individual
- to recognize that disabled persons can be effective parents

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Expected Outcome: To describe the factors that influence self-concept.

Motivation: Write quotes on the board and ask the class to read and discuss them.

i was you
i smiled/your smile
till my mouth/was set
and my face/was tight
and it was night
it was wrong
i was you baby
i was you too long
Dory Previn

This above all things:
To thine own self be true.
William Shakespeare

Strategies: **Define:** self-concept (the way one views oneself). Other terms which may be used include self-esteem, self-image.

Play: Proud Whip. The teacher quickly whips around the room asking students to complete the following statements:

I'm proud of . . .
I'm proud I have (accomplished, overcome, etc.)

The purpose of Proud Whip is to raise the students' consciousness about the things in which they take pride and to influence future decisions. As in any clarification exercise, individual students may pass.

Columns: Students divide a piece of paper into three columns with the headings:

- How I see myself.
- How I think my parents see me.
- How I think my friends see me.

Each student writes five or six descriptive phrases in each column.

Small-group discussion: Where do the descriptions of yourself differ, and why? How do these differing perceptions affect you? How do you handle these different perceptions?

Montage: Create a montage of pictures and type clipped from newspapers and magazines to show who you are. Include experiences you've had, ideas you've acquired, people you admire, books you have read, etc. Explain and share montage with a partner or small group of classmates.

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Bring in: something you value which is not of material worth, such as a photo of a loved one, a model you constructed, a story or poem written by or for you, a diary, or a card you have received. Explain why you value it. What does it tell you about yourself?

Write: Pretend you are describing yourself to a future college roommate or friend.

Play: Essence. Describe yourself in terms of nonpersonal objects and explain why you chose each. For example:

What food are you?
—I am a *grapefruit* because *I'm well rounded.*

What car are you?
—I am a _____ because . . .

What vegetable are you?
—I am a _____ because . . .

Discuss:

- How is self-concept formed?
- How can we improve our self-concept?
- Why does one's self-concept keep changing?
- Why is a positive self-concept important?
- How does a positive self-concept differ from conceit?

Brainstorm: What are some techniques for improving self-image? They might include:

- Take what you do seriously.
- Develop a sense of humor.
- Volunteer help or do something extra.
- Realize the importance of routine work.
- Do something that's just a little hard for you.
- Realize that to be human is to make mistakes; try to learn from them and not berate yourself.
- Assume responsibilities and commitments.

Introduce: IALAC Strategy (See Teacher Strategies, p. 13).

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Expected Outcome: To identify physical changes occurring during puberty.

Motivation: Bring in a baby picture. Compare and discuss similarities and variations in height, weight, and timing of skills acquisition (*e.g.*, walking, talking) among babies. Do similarities and variations also occur in adolescence?

Strategies: **List:** the secondary sex characteristics which indicate that a girl is changing into a woman. Include increased activity of sweat and oil glands, body hair, sex drive, fatty tissue particularly in breasts and hips, ripening of ova and menstruation, voice change, increased size of uterus and vagina.

Discuss: when and why these changes occur.

List: the secondary sex characteristics which indicate that a boy is changing into a man. Include increased activity of sweat and oil glands, body hair, sex drive, muscular strength, size of genitals and total body change, voice change, nocturnal emissions.

Discuss: When and why these changes occur.

Write: in your diary about those physical changes which you have experienced. How did you feel about them?

React: What you look like is not so important as how you feel.

March of Dimes Birth Defects Foundation

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Expected Outcome: To identify ways to live with the "new me."

Motivation: In Lewis Carroll's *Alice in Wonderland,* the caterpillar asks Alice, ". . . and who are you?" Alice responds, "I hardly know, Sir. I know who I was when I got up this morning, but I think I must have changed several times since then." How does this relate to your personal experience in growing up?

Strategies: **Mirror, mirror:** List the physical, emotional, and social qualities you like about yourself. List the qualities you dislike. These opinions will not be shared with anyone.

Discuss: Why do we have such opinions? Possibilities: societal and peer influence, media and advertising, health status, fads, parental expectations, cultural mores, needs and feelings.

View: the filmstrip "Am I Worthwhile?" (see Bibliography, p. 280).

Make a pie chart: Look at your "mirror, mirror" listing of opinions and the related list of influences which help us create these opinions. Draw a pie and divide it into slices, varying the size of the slice to reflect the amount of influence each factor has (*e.g.,* television, 20 percent, allow one-fifth of the pie; parents, 25 percent, allow one-quarter of the pie). Discuss with class.

Discuss: some of the unreasonable concerns and expectations people may have (*e.g.,* excessive concern with height, weight, size of body parts, disappointment in self-achievement, inability to deal with stress).

Read and write: Read this statement adapted from the motto of Alcoholics Anonymous:

> I'd like the strength to live with the things I cannot change, the courage to change the things I am able to change, and the wisdom to know the difference.

Write in your own words what this means and how it relates to you.

Evaluate: your personal "mirror, mirror" listing. Circle the items you dislike enough to make the effort needed to change them. Create a plan of action to correct one circled item. Keep a diary to evaluate your success.

Small groups: Choose an area of concern where you've had or wish to have success (*e.g.,* weight loss, communication improvement, dealing with stress). Make a list of helpful suggestions for dealing with this concern. Distribute the lists to class.

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Teacher Information:

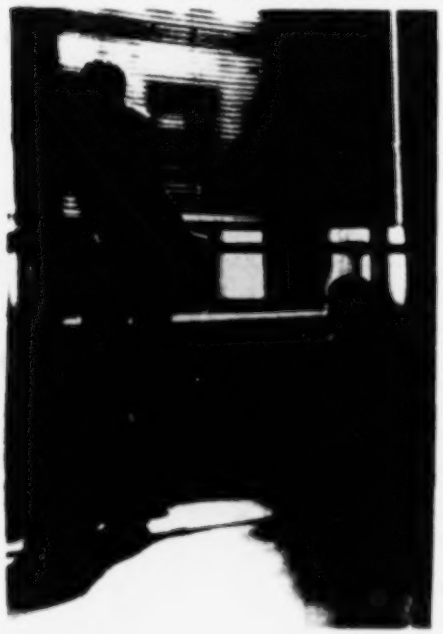
COPING WITH ADOLESCENT CHANGES

Many youngsters have great difficulty during adolescence. Experts believe that a) biochemical changes, b) increases in sexual drives, and c) the need for introspection to adjust to the end of childhood and to take the step into young adulthood cause the adolescent to feel overwhelmed and unable to cope. Most young people experience depression occasionally, but overcome it. Others react with alcohol, drug abuse, severe depression, anorexia nervosa, or suicide. These behaviors are calls for help. Some ways to recognize these youngsters are:

- sudden withdrawal from social contacts
- radical behavioral change
- excessive loss or gain in weight
- changes in school performance or attendance
- excessive drug or alcohol use
- excessive physical ailments or frequent accidents
- excessive anxiety
- difficulty in establishing interpersonal relationships at home or in school.

Adolescents badly need to develop a wide variety of coping skills. They need:

- to help others
- to develop a sense of humor
- to exercise and/or participate in sports
- to appreciate the importance of small things, done well
- to appreciate writing, music, and art as media of expression.
- to learn to identify feelings and express them appropriately.



Leslie Sloan

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Expected Outcome: To describe the changing roles and behavior of men and women in today's society.

Motivation: Listen to and discuss "Boy Meets Girl" from the Marlo Thomas album *Free to Be You and Me* (Arista Records).

Strategies: **Define:** sex roles in terms of the responsibilities, jobs, or activities assumed because one is male or female.

Define: "sex stereotyping" (conforming to a fixed general pattern often related to femaleness or maleness).

React:

> Man for the field and woman for the hearth
> Man for the sword, and for the needle she
> Man with the head, and woman with the heart
> Man to command and woman to obey
> All else confusion.
> *Alfred Tennyson, 1842*

List: on the chalkboard personality traits that people think of as typically male or female. Evaluate and discuss the lists.

Discuss: how children learn sex-role behavior. Consider the influence of parents, toys, clothing, school, friends, peer pressure, vocational counseling, and the media.

Fishbowl discussion: All students who agree with certain statements enter and sit in a circle. Those who disagree remain outside. Each group tries to convince persons in the other group to change opinion and change groups. Suggested topics for discussion:

- Men are better drivers than women.
- Men are less emotional than women.
- It is easier to be a boy than a girl.
- Women make better Supreme Court justices.
- Girls are more nurturing than boys.

Identify: how sex roles are changing. Consider areas such as careers, child-care functions, family decision-making, housekeeping responsibilities, sports, and the media.

Discuss: How do sex roles and stereotyping affect your everyday behavior?

List: five advantages or disadvantages of being the sex you are.

Pretend: that you are the opposite sex and list three life goals you would have. Then list three of your own goals. Write your real sex at the top of the paper. Exchange and discuss.

Interview: adults and ask how it is different to be a man or woman today than when they were growing up.

Research: how sex roles and stereotyping have been affected by the Women's Movement.

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Expected Outcome: To identify and consider those influences which encourage responsible decision-making.

Motivation: React to this statement by a 15-year-old: "Everyone my age is trying to grow up so fast that I can't stand it. We have to decide about drugs, sex, jobs, and acting older. I get so sick of it, I just want to crawl back on my mom's lap."

Strategies: **Columns:** Students divide a piece of paper into three columns with the headings:

- What I want to accomplish in the next five years.
- What my parents want me to accomplish in the next five years.
- What my friends want me to accomplish.

Each student writes a few goals in each column.

Small-group discussion: What are the differences and similarities among the goals listed in the three columns? How important are the pressures you feel from your family and friends.?

Define: the term "peer pressure." Give examples of positive and negative peer pressure.

Discuss:

- How to you feel when you are unable to do what your friends are doing?
- How important is it to be part of the group?
- Would you do something illegal or dangerous to be a part of the group?
- Would you report someone who did something illegal or dangerous?
- Why does peer pressure exist?

Discuss:

- How does the family affect decisions?
- How do you feel when you are out of step with your family?
- Why do family members encourage you to do things?

Practice decision-making: List the steps you might take in making an important decision. Possibilities:

- stating the problem clearly
- listing all possible alternatives
- thinking through all possible rewards and consequences of each alternative
- seeking advice from appropriate adults (family, teachers, clergy)
- evaluating alternatives
- acting on the most acceptable plan

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Apply: the decision-making model to the following situations:

- A girl of 16 and a boy of 17 have just started dating and he's urging her to have intercourse with him. She's a virgin and very reluctant. He keeps pressuring her, saying that he'll find someone else if she keeps refusing.
- You're at a party. The friend you came with is intoxicated and wants to drive you home.

Small-group discussion: Think of something you did before you were ready. Why did you do it? At what age might you have been better prepared? Why? Think of something you did that you were sorry about. Why did it happen? How can you prevent similar disappointments?

Discuss and evaluate: things which may cause teenagers to engage in sexual relationships before they are ready to assume the responsibilities of marriage.

Identify: how family value systems (*e.g.*, religion, customs) influence decisions.

Define and discuss: the implications of the double standard.

Discuss: What differences, if any, are implied by the phrases "making love" and "having sex"?

React: in writing to the following statements:

- "I have the right to say no."
- "Everybody's doing it."

Write: your reaction to any of the following questions as part of your decision-making process:

- Are you rushing someone? Are you being rushed?
- Do you assume responsibility for the decisions you make?
- Are drugs or alcohol affecting your decisions?
- Do you consider your feelings as well as the feelings of others affected by your decision?
- Are you aware of alternatives, and are they being considered?
- Are you using someone? Are you being used?
- Are you overly hard on yourself for mistakes that you have made?
- How does this decision affect your life goals?

Have students share reactions in small groups.

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Expected Outcome: To identify ways of utilizing dating to improve social development.

Motivation: What does dating mean to us?

Strategies: **Discuss:**

- What are the advantages and disadvantages of informal socializing?
- Why do we date?
- What are the advantages and disadvantages of dating?
- What can we learn most from the experience?

Fishbowl: Girls inside the circle discuss the ideal date. Then boys discuss their concept of an ideal date. Finally the whole group discusses differences and similarities between the ideals.

List: 10 qualities you consider important in selecting a date. Number them in order of their importance to you. Now pretend that you are your mother or father. Re-number the list of priorities. Discuss.

List: the things you like best and least about dating. Place your sex on top of the sheet. Compare the lists handed in by everybody and discuss how dating can be improved.

Small-group discussion: Plan a realistic date. Include activity, money limitations, transportation, and how arrangements would be made. Make a list of dates one could go on considering these elements.

Role play: Male invites female on a date. Female invites male on a date.

React:

- In our society males have been taught they should make the moves; females should wait to be asked.
- Males should assume responsibility for arranging a date.
- The male should pay.
- Both males and females have concerns related to dating.
- Parents can be helpful concerning dating.

Small-group discussion: of alternate solutions to dating problems. These problems can be elicited from the class. Some examples might be:

- You take a favored date to a friend's party. She or he is interested in someone else at the party (or you are interested in someone else).
- Your date is smoking pot before going to a party and insists you join.
- Your blind date appears at the house looking inappropriately dressed for the planned evening (overdressed, dirty, etc.).
- The driver who is taking you home from a group activity has been drinking alcohol or smoking pot.

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Role play and discuss: how to refuse a date without hurting someone's feelings.

Discuss: How does one's self-image affect dating behavior?

React: I'm too shy to ask someone out. I think that if I were certain that a person liked me, then I could overcome the shyness—but I never get close enough to a person to get them to like me because I'm too shy. It's one continuous circle!

Discuss: ways that a shy person can overcome a fear of dating. Possibilities:

- Vary the traditional dating situation.
- Ask someone to join you in an informal activity such as bicycling, repairing something, or painting.
- Choose for the date some activity which you are good at.
- Include more than one person in your invitation.

Interview: three people who date. Ask them to describe the feelings they had before and after their last date with a new person. Discuss the varying responses.

Discuss:

- What is responsible dating?
- What is exploitive dating behavior?
- What are the outcomes of each?

Research: differing dating patterns (*e.g.,* chaperones, parent arrangements) in various cultures; compare these to your own.

Teacher Information:

Dating has different meanings to young people of varying ages and cultures. Pre-adolescents and young adolescents tend to move in the direction of group dating and heterosexual parties. Pair dating may follow group dates, and it includes a wide range of activities such as going for a walk, meeting at a roller rink, or "hanging out" together. Often the expenses are shared. The age at which one begins to date varies greatly; teachers should therefore be particularly sensitive to the possibility of wide variations within the classroom.

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Expected Outcome: To identify and practice skills related to improving communication of emotions and values.

Motivation: Tag Day: As the students enter class distribute tags or 3x5 cards. Tell them to write on their card:

- In the center, your name.
- Upper right corner, a favorite activity.
- Upper left, an important person in your life.
- Lower right, a pet peeve.
- Lower left, one thing you like about yourself.

The students then tie or tape their cards to their bodies and walk around the room reading each other's cards. Students form pairs or trios with others whose cards interest them, then discuss their reactions and describe what they have learned.

Strategies: **Define:** communication as a message accurately given and received.

Small-group discussion:

- What methods are used to communicate?
- What things do people have most difficulty communicating (*e.g.*, emotions). Discuss why.
- How does communication relate to sexuality and health?

Define: "emotion."

Charades: Communicate an emotion without using words. Do similar messages occur in daily communication?

Create: a collage which expresses feeling. Discuss and compare.

Small-group discussion: People have varying ways of expressing emotions. Each group chooses an emotion such as fear, love, jealousy, or anger and lists the ways one can express it. Then:

- One group reads its list to the class, and the other groups attempt to guess the emotion.
- From another list, just one expression is read. Discuss why identifying the emotion with no more than this to go on is difficult.
- Discuss how similar actions may be expressions of opposite or varying emotions.
- Discuss the use of inappropriate language and gestures.
- How can we improve our method of communicating emotions?

Role play: You have brought your girlfriend or boyfriend home to meet your parents. They do not approve and let you know. Role play the situation. Focus on how conflict can be resolved.

CONCEPT: ***Males and females experience emotional, behavioral, and physical changes during adolescence.***

Discuss: how your parents communicate their feelings to you. How does this differ from the way you would *like* them to speak to you? Replay the situation, this time considering how you communicate your feelings to your parents, and what method of communication they might prefer. Discuss how you can improve communication with your parents.

Discuss: how a person imparts a clear message. Include such items as knowing what you want to say, clear speech, proper use of language, voice and posture, facial expression, and body language.

Discuss: how a person actively listens. This involves concentration on the speaker, not merely hearing.

List: rules to keep in mind for good communication.

Role play: You are angry because your younger brother broke your radio. Discuss how anger can be expressed appropriately.

React: If you feel you don't have anything to say, really *listen* to others . . . You will probably find you *do* have something to say.

View and discuss: film, *The Party Game* in the Acquaintance Rape series (see Bibliography, p. 271). Discuss:

- How can peer communication between males and females lead to misunderstandings and possibly to rape?
- What distorted messages do people give each other which lead to misunderstandings?

Teacher Information:

Emotions are frequently very difficult to communicate. Young people need to identify the feeling, analyze its cause, and express it appropriately.

Feelings are part of living and can be managed by discussing them before they become uncontrollable. Counselors, teachers, friends, parents, and siblings can be helpful.

Guidelines for expressing feelings during a conflict might include:

- Identify and state feelings.
- Select appropriate time and place.
- Avoid attacking and name calling.
- Express your feelings honestly.
- Focus on the problem, be specific, and deal with one issue.
- Listen carefully.
- Try to accept, and be willing to compromise.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Expected Outcome: To list all parts and functions of the male reproductive system.

Motivation: Why is it important to know how the male reproductive system functions?

Strategies: **Distribute:** diagrams of the male reproductive system.

Label: all parts appearing on the diagram.

Identify: the function of the parts of the male reproductive system.

Trace: the path of sperm from the testes to the penis.

Describe: how the sperm get from the penis into the female.

Explain: the physiology related to erection and ejaculation. How do they differ? How are they related to male orgasm?

Small-group discussion: Using information previously researched, discuss the following:

- Many males worry about the size of the penis. Why is this worry unwarranted?
- What is circumcision? Why is it performed?
- What is vasectomy? What changes take place when this surgery is performed. Why is this performed?
- Compare and contrast the terms "impotence" and "sterility."
- What are the possible causes of each?

Self-testing activity: the teacher creates a matching quiz using terms and definitions discussed. Students compare answers. Encourage use of proper terminology.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Male Reproductive System (Side View)

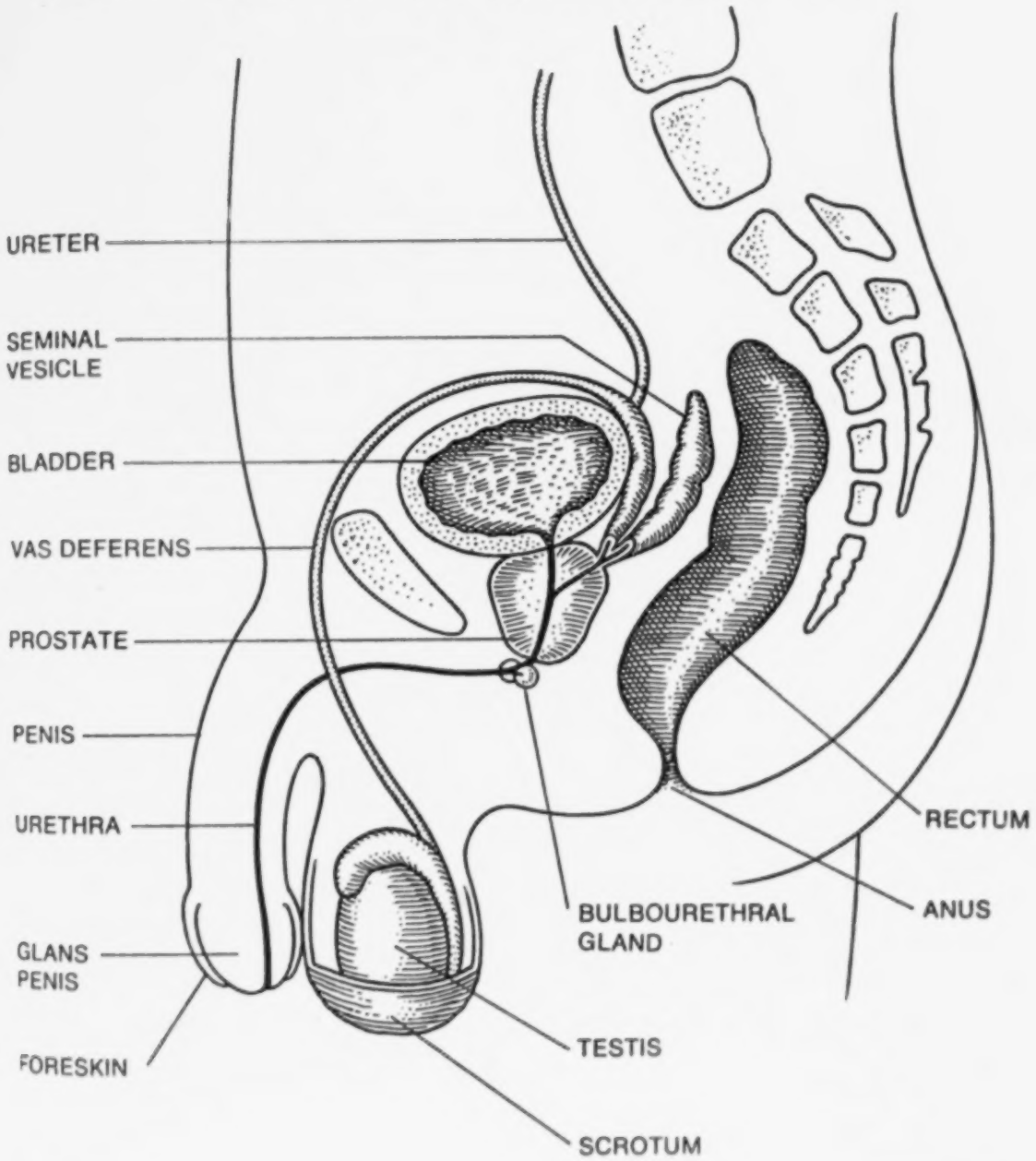


Illustration by James C. Brower from *Education for Sexuality: Concepts and Programs for Teaching*, by John J. Burt and Linda Brower Meeks, W.B. Saunders Company, Philadelphia, 1975. Reprinted with permission.

Female Reproductive System (Side View)

Reprinted with permission of Tambrands Inc., Lake Success, New York.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Expected Outcome: To list all parts and functions of the female reproductive system.

Motivation: Why is it important to know how the female reproductive system functions?

Strategies: **Distribute:** a diagram of the female reproductive system (see p. 120).

Label: all parts appearing on the diagram.

Identify: the function of the parts of the female reproductive system. Identify comparable structures in the male.

Describe: how the ovum matures in the ovary and trace its path to the uterus.

Explain: the physiology of orgasm. What are some facts and fallacies associated with female orgasm?

Self-testing activity: the teacher creates a matching quiz using terms and definitions discussed. Students compare answers. Encourage use of proper terminology.

Compare: male and female anatomy.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Teacher Information:

Information in this area is too vast to be covered completely in this brief alphabetical list. It is suggested that teachers refer to the many references listed in the bibliography for professionals (p. 249).

Castration: Surgical removal of the testes. If it occurs prior to puberty, secondary sex characteristics do not develop; after puberty, erection and ejaculation may still take place.

Cervix: Neck or bottom of uterus; dilates for childbirth. A common site for cancer; Pap smear helps early detection.

Clitoris: Small, sensitive organ found inside vulva at the point where the labia majora join in front; functions in sexual arousal of female.

Cowper's glands or Bulbourethral glands: Secrete pre-ejaculatory fluid to neutralize urethra; often thousands of sperm cells are in this fluid, which appears at tip of penis prior to ejaculation and may cause pregnancy. This is why withdrawal as a birth control method is ineffective.

Ejaculation: The emission of semen from the penis by forceful contractions of the muscle tissue of the penis at the height of sexual excitement. The sudden rush of feelings accompanying ejaculation is called orgasm.

Ejaculatory ducts: Ducts located where the *vas deferens* meets the seminal vesicles. At the height of sexual excitation, the ducts open simultaneously releasing semen through the urethra. The male urethra acts as an excretory passage for both semen and urine; however, when the penis is erect the pressure prohibits the flow of urine from the urinary bladder.

Endometrium: The innermost lining of the uterus, which builds up each month with blood in anticipation of a fertilized egg. If fertilization does not occur, the endometrium breaks down and leaves the body as part of the menstrual flow.

Epididymis: Found behind the testes; sperm are stored, nourished, mature, and may also die here.

Erection: A process in which blood rushes into the vessels of the penis, which becomes enlarged, firm, and extended. May occur spontaneously or from sexual stimulation; occurs at any age from infancy to old age.

Estrogen: One of the female sex hormones; secreted by ovaries; associated with secondary sex characteristics, regulation of menstrual cycle, and pregnancy.

Fallopian tubes or oviduct: Passage from ovaries to uterus; three to five inches long and opening as wide as a printed hyphen. Contraction of walls draw ova into tubes where fertilization occurs; hair-like projections keep ova moving. Site of tubal ligation which does not physically affect sexual drive or activity. Often involved in cases of female sterility due to sexually transmitted disease, endometriosis, or pelvic inflammatory disease (PID).

Foreskin: Skin which covers glans. The removal of the foreskin (circumcision) is a surgical procedure; many physicians recommend circumcision as a means of avoiding accumulated waxy smegma; presently there is a question as to medical benefits; circumcision may be performed for religious reasons.

CONCEPT: *Sexual health requires responsibility to oneself, one's family, and society.*

Hymen or maidenhead: A membrane which partially covers vaginal opening. Some females are born without one; absence of hymen is not an indication of having experienced sexual intercourse.

Impotence: Inability to experience erection; results from physical and/or psychological causes.

Orgasm: Intense, pleasurable sensation occurring at the height of sexual arousal, followed by resolution, and the return of the body to a relaxed state; associated with rhythmic, muscular contractions of genital region and surrounding area, increased pulse rate, blood pressure, and breathing. In the male, ejaculation usually occurs with an orgasm.

Ovum (plural, ova): Female sex cell, the largest cell in body (nucleus contains 23 chromosomes responsible for genetic potential); stored in ovaries from birth. Maturation results in release of an ovum (ovulation) at approximately one month intervals from puberty to menopause. The ovum is ripe for fertilization for approximately 12-24 hours after ovulation; either fertilization takes place in fallopian tubes, or the ovum disintegrates.

Ovaries: Female sex organs located on either side of the uterus. They produce mature ova or eggs after onset of puberty. The ovaries also secrete sex hormones, estrogen, and progesterone which contribute to a woman's sex drive and reproductive ability. Removal of one or both ovaries by surgery (oophorectomy) is performed only when the ovaries are diseased and cannot be treated in any other way. If both ovaries are removed, the women will be sterile. Several medical consultations should be sought before deciding on surgery.

Penis: Male sexual organ; used as a passageway for sperm and urine and to provide sexual pleasure. The head or tip, called the glans, is the most sensitive part; shaft is the long part made of spongy, erectile tissue. During sexual excitement erection occurs; the penis becomes enlarged, firm, and moves away from the body because blood rushes to the area (vasocongestion). The size of the penis does not affect the sexual pleasure or functioning of the male or his mate. Continued sexual stimulation results in ejaculation—sperm and related fluids (semen) are ejected from the male body.

Prostate gland: A walnut-sized organ surrounding the upper end of the urethra in the male; it produces some of the fluid that mixes with the sperm to form semen. A major form of cancer in men over 45 relates to the prostate gland; enlargement can be detected by regular rectal examination, which is recommended for all men over 40; early diagnosis is important for full cure; if not diagnosed early, complications may set in. Removal of the prostate does not usually reduce sexual ability or performance.

Scrotum: Sac which contains testes; cremasteric muscle regulates temperature of testes keeping them slightly cooler than body temperature by moving testicles away from or closer to body.

Semen: Fluid which leaves male body upon ejaculation; contains sperm, fluids from prostate glands, seminal vesicles, and Cowper's glands.

Seminal vesicles: Two glands which open into the vas deferens and secrete a fluid of fructose which surrounds, bathes, and nourishes sperm so that they become mobile.

Sperm: Male sex cell; smallest cell in body, consists of head, neck, tail; head contains nucleus with 23 chromosomes responsible for genetic potential. Sperm are produced constantly with onset of puberty in seminiferous tubules found inside testes; production is reduced by: stress, radiation, high altitude, prolonged fever, heat, extreme closeness of testes to body (*e.g.*, can be caused by very tight undergarments).

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Sterility: In males, the inability to fertilize ova usually because of lack of sperm, too few sperm, or poor mobility of sperm. A common cause is sexually transmitted disease, which, when not treated, may block *vas deferens;* see *Sperm* for other causes.

In females, the inability to produce ova or blockage of the fallopian tubes from endometriosis, STD, or from pelvic inflammatory diseases. Sterility is not related to sexual pleasure.

Testes: Male sex glands; one testicle is often lower than other. With the onset of puberty, testes produce male sex hormones and sperm.

Testosterone: Primary male sex hormone; responsible for secondary sex characteristics. Sometimes this hormone is used inappropriately to induce improvement in male athletic performance.

Urethra: A tube-like passageway extending from the bladder, through which urine leaves the body. In males it is the same tube through which the sperm leaves the body and is located in the center of the penis. However, when the penis is erect, pressure prohibits the flow of urine from the urinary bladder. In females it is located between the clitoris and vagina.

Uterus or womb: Pear-shaped organ of elastic muscle tissue located between bladder and rectum; houses and nourishes the fetus until birth; muscular contractions of uterus bring about the birth of child. Partial or complete removal of uterus (hysterectomy) is performed when there is clear evidence of disorder that cannot be treated except by removal. Other medical opinions should be sought before deciding on surgery.

Vaginal or birth canal: Passage from uterus to outside of body. The three to four inch canal is not actually open space; in a relaxed state the elasticized walls touch; ability of the tissue to expand is enough for intercourse, childbirth, use of tampons. There are few nerves in the vaginal canal, particularly in the upper two-thirds. Menstrual flow leaves body through canal; glands in vaginal wall secrete a mucous-like substance; heavy discharge or discharge with odor should be checked.

Vas deferens or sperm duct: A pin-sized channel emerging from epididymis which joins the ejaculatory duct at base of bladder; stores sperm, acts as a passageway for sperm from epididymis to urethra. Sealed near epididymis for vasectomy, which does not physically alter sexual pleasure.

Vulva: External genitals in female which include the folds of the skin called the labia (major and minor), the mons veneris, and the clitoris.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Expected Outcome: To describe the relationship of menstruation to the reproductive process.

Motivation: List the words or names that some women use to refer to menstruation. Why are these terms used?

Strategies:

Discuss: menstruation as a phase of the menstrual cycle.

Discuss: some of the reasons for irregularity and for missing a period.

Describe: the physiological changes which occur during the menstrual cycle by using appropriate charts and diagrams.

Discuss: the importance of continuing regular activities during menstruation, such as exercise.

Determine: by use of a calendar, approximate fertile time and date of next expected period of a woman with a regular 28-day cycle.

NOTE: Most women have regular menstrual cycles; however, only some teenagers have absolutely regular cycles or can accurately determine fertile times.

Small-group discussion: of some of the ways the menstrual cycle might affect some women and their relationships with others. List some of the possible discomforts and what can be done to relieve them.

Research:

- Types of menstrual protection available and the advantages and disadvantages of each.
- The way the endocrine system controls the menstrual cycle.

Define: premenstrual syndrome, dysmenorrhea, amenorrhea, toxic-shock syndrome.

Brainstorm: some of the facts and myths related to menstruation.

Define: menopause. What physical and emotional changes occur during this period? How might your relationship with menopausal parents be affected? (Is there a comparable phenomenon in the male?)

Create: a poster, diagram, or chart that can be used to demonstrate how the menstrual cycle works.

View: and discuss the filmstrip "Human Reproduction," Part I (see Bibliography, p. 281).

Read: and briefly describe latest information on toxic-shock syndrome.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Teacher Information:

In order to dispell myths, stress should be placed on the normality and wonder of the menstrual cycle.

Menstrual Cycle: The entire process leading to and including menstruation; includes ripening of ovum, ovulation, build-up of endometrium, and menstruation. Lasts from day one (first day of menstruation) to the last day before the next menstruation begins; a complete cycle takes anywhere from 21 to 40 days. (The average cycle is said to be 28 days; while many women do have 28-day cycles, MANY DON'T.)

Menstruation: The breakdown and discharge of endometrium. This fluid is blood tissue and mucous; the discharge usually lasts 3-7 days; fluid loss is approximately one-quarter cup. Any activity one is comfortable doing while menstruation is in progress is acceptable, including bathing.

Menarche: The onset of menstruation; usually occurs by early adolescence; but some healthy individuals do not experience it until age 17 or 18 and others start as early as 8 or 9. Usually starts 1½ to 2 years after the first appearance of breast buds and pubic hair.

Physiology of menstrual cycle: The cycle is counted from the first day of menstruation but it actually begins with hormonal changes which start the cycle. Briefly:

- Pituitary gland signalled by the hypothalamus secretes FSH (follicular stimulating hormone) which causes the ovaries to ripen ovum.
- Follicular ripening of ova increases production of estrogen which signals the build-up of endometrium.
- Almost exactly two weeks prior to menstruation, ovulation occurs; the corpus luteum forms.
- The corpus luteum produces progesterone and estrogen level decreases; this helps maintain and prepare the endometrium for implantation.
- If fertilization does not occur, corpus luteum disintegrates and menstruation begins.

NOTE: Many women go through the entire cycle with little or no reaction or change from daily behavior.

Length of cycle: Varies from person to person; sometimes with the same woman many variations exist. Illness, diet, tension, climate change, and other factors may delay or shorten the cycle; therefore, fertile time is often difficult to judge.

Amenorrhea: Total absence of menstruation; a physician should be contacted.

Premenstrual syndrome: Often called P.M.S.; the physical and emotional changes which may take place up to two weeks prior to the menstrual period.

Dysmenorrhea: Painful menstruation; symptoms include primary cramps in the lower abdomen for the first day or two of a period. Water retention, headache, backache, constipation, heavy feeling in abdomen, irritability, and tension may also be experienced. Relief from discomfort can be obtained through proper exercise, diet, posture, heat, breathing exercises, massage, and relaxation. Medical help is indicated if school or other activities are regularly missed.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Menstrual protection: Menstrual flow can be absorbed by sanitary napkins, tampons, or sponges which do not usually affect the hymen. The FDA has not given clearance for the use of natural sponges which may contain sand or bacteria. Any tampon or sponge may be associated with toxic-shock syndrome, which is due to toxin and sepsis from staphylococcus aureas.

Toxic-shock syndrome: Toxic-shock syndrome, a rare disease caused by the bacteria, staphylococcus aureus, is most common in women under 30 who use highly absorbent internal menstrual protection; its signs are high temperatures, diarrhea, chills, and vomiting during menstruation or shortly thereafter. It is a medical emergency; current recommendations are:

- change tampons three or four times daily.
- avoid tampon use for part of each 24-hour period (*e.g.,* use sanitary napkins at night)

The Centers for Disease Control reported that victims of other conditions have experienced a non-menstrual toxic-shock syndrome, among them burn victims, post-surgical patients, post-partum women, and men and women with boils and abscesses.

Menopause: The cessation of menstruation, usually between 45 and 55 years of age. As a woman approaches menopause her periods and ovulation are increasingly irregular; hormonal changes may cause some discomforts and temporary feelings of depression. Conception may occur until there has been no menstruation or spotting for two years. If pregnancy is not wanted, birth control should be used until a physician ascertains completion of fertile years.

Leslie Sloan

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Expected Outcome: To recognize sexually transmitted diseases (STD) as a threat to the health of the individual.

Motivation: According to public health authorities, STD has reached epidemic proportions. Why has this occurred?

Strategies: **List:** the most common STD's.

Identify: the causes of each of these diseases and method of transmission.

Determine: the diagnosis technique and treatment for each disease.

Create: a chart summarizing symptoms, causes, consequences of nontreatment, and treatment of syphilis, gonorrhea, genital herpes, and non-gonococcal urethritis.

Determine: methods of preventing STD.

Role play: the following scenarios:

Scenario 1.

Ben is treated for syphilis. He tells Linda she also needs treatment. She says she has no symptoms and is not going for treatment.

- React to Ben's behavior; react to Linda's.
- Why does Linda respond this way?
- How prevalent are symptoms of these diseases?

Scenario 2.

Susan and Jim are married. He becomes intoxicated and has sex with his secretary. He contracts herpes, but fails to tell Susan.

- What will happen in this situation?
- How would you react if you were Susan and found out?

Scenario 3.

Mike is treated for gonorrhea. He tells Ruby, his girlfriend, she needs to go to the clinic. She goes to her family physician and tells her she'd like a checkup. The physician checks her eyes, heart, blood pressure, breasts, and gives her a Pap test. The physician tells Ruby she's in excellent health.

- Was Mike's action appropriate?
- Why didn't Ruby tell the physician of her contact with STD?
- What are the possible consequences?
- What responsibilities do they each have?

View: and discuss *A Half Million Teenagers . . . Plus* (see Bibliography, p. 274) or other appropriate films..

Self-testing activity: The teacher creates a true-false quiz on the facts of STD. Individuals work out their answers, then small groups discuss the choices. The teacher distributes correct answers and the class discusses common errors.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

React: to statements such as:

- A person with STD has responsibility to get treatment and nothing more.
- The best way to avoid STD is to get proper food and rest.

Research: the legal rights of minors to health care for STD. Locate testing and treatment services in your community. Visit a center and find out the general procedures for examination and care. Find the phone number of the National VD Hotline.

Read: and discuss "Questions and Answers on Acquired Immune Deficiency Syndrome (AIDS)," New York City Department of Health, 1983.

Create: a poster to help stop the spread of STD.

Teacher Information:

SEXUALLY TRANSMITTED DISEASES

NOTE: Much of the information in this section is adapted from the Bureau of VD Control, Information-Education Unit, New York City Department of Health.

STD: Sexually Transmitted Diseases; those infections which are transmitted by any type of genital, anal, or oral intimate contact with an infected person. We know of 21 types of infections; each is caused by a different microorganism. These organisms rarely live outside the body; close contact spreads the organisms easily. Knowledge of symptoms helps in detection but some people do not get any symptoms and at certain times some diseases are without symptoms; exposure requires medical evaluation. Treatment is specific to the disease and should be followed carefully. The incidence of STD is highest in the age group 15-29.

Reasons for spread of STD:

- decrease in use of condoms.
- increase in oral-genital sex.
- increase in sexual activity and number of sexual partners.
- greater sexual freedom.
- many fail to recognize symptoms.
- some cases are asymptomatic (in gonorrhea, for example, an estimated 10 percent of men and 80 percent of women experience no symptoms).
- failure to follow through with proper medical treatment.

Sexually active people should:

- not have sex with a person who has a sore, discharge, or any other sign of an STD.
- use condoms if their partner(s) are sexually active with other people. Their use protects females as well as males.
- go to a doctor or clinic regularly for STD checkups.

People infected with or exposed to an STD should always:

- go to the doctor or clinic immediately.
- follow instructions given by clinic staff.
- return for all appointments.
- tell all of their sex partners to get tested and treated.
- take precautions not to become infected or reinfected.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Additional comments or reminders:

- Anyone who has sex with a person infected with STD can become infected.
- A person can have sex only one time and become infected.
- Many people with sexually transmitted diseases have no signs or symptoms and are unaware that anything is wrong. Because these people do not receive immediate treatment, without even knowing it they can continue to infect anyone with whom they might have sex. This is one of the major reasons for the current STD problem.
- If one's sexual partner(s) remain infected and untreated, that infection can develop into serious, irreversible complications like pelvic inflammatory disease (PID).
- A person who receives treatment and does not inform his or her steady sex partner often becomes reinfected.
- The condom is effective in limiting the spread of STD among both men and women.
- Anyone having oral or anal sex must ask the physician for special culture tests for the throat and rectum.

Types of STD: There are 21 diseases spread by sexual contact. Some of the more prevalent are:

- gonorrhea
- genital herpes
- syphilis
- trichomoniasis (trich)
- crabs or lice
- nongonococcal urethritis
- penicillinase-producing N. gonorrhea (PPNG)
- pelvic inflammatory disease (PID)
- acquired immune deficiency syndrome (AIDS)

Gonorrhea: Early signs in the male may be a burning sensation and discharge from the penis; this will occur two to seven days after sexual contact with an infected person; however, some men and *most* women *will not* have symptoms at all until the disease has caused severe complications (see pelvic inflammatory disease). The best way for a woman to know she should see a doctor is to have her sex partner tell her.

All states now require the eyes of newborns to be treated with silver nitrate or penicillin drops in order to cure this disease if it is present.

Genital Herpes: An infection caused by a virus, closely related to and sometimes the same as the virus that causes fever blisters around the mouth. Genital herpes is passed on from person to person by sexual contact; painful blister-like sores appear on or around the genital area a few days to a few weeks after contact with an infected person. These sores, although very painful, generally heal without scarring in seven to ten days; the virus, however, remains in the body and the sores can recur at any time. Repeat episodes of herpes tend to be less painful and heal faster than the original episode; when sores are present one can easily infect a sexual partner and sex should be avoided; once sores heal, sexual activity can be safety resumed. Presently, no cure for herpes is known.

Women with genital herpes should have a Pap smear (test for cervical cancer) at least once a year. They should also notify their obstetrician or gynecologist as special precautions may need to be taken during pregnancy. If a woman has internal herpes sores at the time of delivery, there is a good chance the infant, as it passes through the birth canal, will contract the disease. Tragically, more than half of these will die or be brain-damaged.

An alerted doctor can closely monitor the term of the pregnancy and the condition of the birth canal, and if he or she concludes that active sores might be present at the time of birth, evasive action (cesarean section) can be taken to protect the child.

Syphilis: A serious infection that affects the entire body and blood system. The first symptom is a painless sore that appears where the germ entered the body; the second stage occurs weeks later, causing a general body rash. If the disease remains untreated, all symptoms will disappear within six months but the germs are still spreading in the body and may cause serious damage years later. Since the disease develops an average of three weeks after contact, all sex partners should be notified immediately so that they can receive preventive treatment.

During pregnancy, an infected woman, unaware of her disease, may pass it on to her unborn child during the last three months of pregnancy. Children who are infected in this way are said to have congenital syphilis and may be born with serious, life-threatening disorders. All pregnant women should have a blood test for syphilis during their pregnancy. Syphilis, detected early in pregnancy, can be treated effectively without damage to the fetus.

Trichomoniasis (Tric): A very common vaginal infection causing vaginal discharge, itching, and burning upon urination. Tric is caused by a protozoan generally passed from one person to another during sex. Although this infection is not dangerous, it can be very uncomfortable; men with tric usually have no symptoms but they can pass on the infection to their sex partners. A woman will be reinfected if her sex partner is not treated.

Crabs (pubic lice): Parasites, little insects (arthropods) that live on people, infesting most often the hairy parts of the body and feeding on human blood; they are called crabs because they look like crabs when examined under a magnifying glass. Crab lice are spread through direct physical and sexual contact with an infested person; occasionally, crab lice can spread indirectly through the use of someone else's infested clothing, towels, or bedding or via contaminated toilet seats. Symptoms of infestation include stained undergarments and persistent itching in the region of pubic and genital hair. Itching may begin immediately after infection or it may take days or weeks to notice the itching as the lice multiply; the lice and/or eggs may also be seen along with puncture bites on underlying skin. The problem can easily be corrected with various preparations available from a pharmacist.

Nongonococcal urethritis (NGU): An infection of the lining of the penis frequently caused by a germ called chlamydia. It is almost always spread by having sex with a person who has the infection. Trichomoniasis, yeast, and herpes may cause symptoms similar to NGU, such as a discharge from the penis and burning during urination in men. Although most women do not develop symptoms of NGU, they may carry the disease.

Penicillinase-Producing N. Gonorrhea (PPNG): A special gonorrhea which resists penicillin but not other antibiotics. Like common gonorrhea, symptoms in the male may be a burning sensation and a discharge from the penis. In the female, a vaginal discharge with mild lower abdominal pain may occur. PPNG can be diagnosed only after a special lab test ordered by a physician.

Pelvic Inflammatory Disease (PID): An infection of the fallopian tubes which connect the ovaries and the womb (uterus). PID is caused by germs which spread from the vagina to the tubes. Gonorrhea and chlamydia are the most common cause of PID. Women with PID may have stomach pains similar to menstrual cramps but stronger, an abnormal period, or tenderness of the internal female organs; sometimes, the pain can be severe and be accompanied by fever, chills, and nausea. If promptly treated, a single episode of PID causes little or no permanent damage to reproductive organs; however, a delay in treatment or repeated episodes of PID can lead to blocked tubes, causing sterility or ectopic pregnancies.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Acquired Immune Deficiency Syndrome (AIDS): Information concerning this disease is still extremely limited at the present time. This new disease came into public view in 1981, being first reported in the homosexual communities of New York, Los Angeles and San Francisco. And although gay men still account for 72 percent of cases, AIDS seems to be moving into the population at large. Intravenous drug users of both sexes, then Haitian immigrants, and hemophiliacs have also been stricken with the disease. According to the U.S. Centers for Disease Control, AIDS will begin appearing with greater frequency among heterosexuals as the epidemic grows.

The disease causes a breakdown in a person's natural defenses, a malfunction of the immune system's T-lymphocytes, a class of white blood cells that fight parasites, certain viruses, and fungi. The syndrome can be difficult to diagnose because its early manifestations often mimic those of less serious illnesses: persistent fatigue and fever, diarrhea, night sweats, and swollen glands.

Because it is suspected that the disease may be transmitted through the blood, the government has recommended that all blood and plasma collection centers advise donors in high-risk groups to refrain from voluntarily giving blood.

For more information on sexually transmitted diseases and clinic referrals, call New York City Department of Health, Venereal Disease Control Unit, 566-0569.

National VD Hotline, 1-800-227-8922

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Expected Outcome: To evaluate the importance of regular health care.

Motivation: Discuss how the statement, "An ounce of prevention is worth a pound of cure," relates to our discussions of the care of male and female bodies.

Strategies: **List:** the safety and health protections we should include in our life style with the onset of puberty.

List: the places that teenagers can go for health care (*e.g.,* family physician, adolescent clinic, HIP).

Discuss: factors to consider when deciding where to go for a checkup (*e.g.,* Do they treat many teenagers? Are they affiliated with any hospitals?).

Invite: a physician or other health professional (nurse, nurse-practitioner, etc.) to discuss the importance of regular health care, to describe what an examination will be like, and to offer suggestions for self-care.

List and discuss: the phases of a typical medical examination (urine, blood pressure, vision, hearing, heart, lungs).

Discuss: the medical examination for females:

- checking breasts
- menstrual problems
- pelvic examination
- Pap smear

Discuss: the medical examination for males:

- testicle and scrotum check
- rectal exam
- genital development

React: Regardless of sex and age, a consumer of health care has certain rights that should be respected by physicians and other health professionals.

List: the consumer rights of a teenager receiving health care:

- dignity and respect
- privacy and confidentiality
- explanation of all procedures
- explanation of the complications and possible side effects of medications
- results and meanings of all tests and examinations
- the right to consent or refuse to undergo any test, exam, or treatment
- the right to see your records

NOTE: Refer to New York State Bar Association's pamphlet, "Rights of Minors for Health Care." (See Bibliography, p. 269.)

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

View and discuss: the American Cancer Society Film *Something Very Special* on self-examination of breasts (see Bibliography, p. 278).

Read and discuss: the American Cancer Society Pamphlet "For Men Only: What You Should Know About Testicular Cancer."

Research:

- The groups of individuals most likely to suffer breast, cervical, and prostate cancers.
- What changes can be made in one's life style to lower the risk?
- What is DES? How has it affected men and women?

Locate: health centers in the community where one can obtain general and sexual health care. See Appendix C for a directory of health services (p. 199).

NOTE: According to the guidelines of the Department of Social Services, if the household is on Medicaid, the teenager in that household has the right to Medicaid coverage for health care which includes birth control and abortion services.

March of Dimes Birth Defects Foundation

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Teacher Information:

REPRODUCTIVE HEALTH CARE

Self-care discussions should cover the following topics:

- Keep the genital area clean with daily washing.
- Avoid use of deodorants, deodorized tampons, powders, or scented toilet paper on the genital area.
- Avoid undergarments which are very tight.
- Females should cleanse the rectal area from front to back after bowel movement.
- Females should avoid douching unless recommended by a physician as it is not necessary and sometimes harmful.
- Large breasts need some support, particularly during vigorous activity, to prevent stretching and sagging and to increase comfort.
- Athletic supporters are recommended for comfort for males during physical activity.
- Breast self-examination and testicle examination are easy to learn and should be performed regularly.
- If male is not circumcised, care should be taken to maintain the cleanliness of the penis, particularly under the foreskin.

Reproductive Cancer in Females:

- Tumors or growths of cells are usually benign and harmless. The chance of malignancy or cancer of the reproductive organs increases with age, particularly after menopause.
- Reproductive cancers in women occur, in the order of frequency, in the breasts, the cervix, the ovaries, the body of the uterus, and the vagina.

Pelvic exam:

- The pelvic exam routinely performed by the gynecologist or obstetrician is visual and tactile.
- A speculum (instrument which separates walls of the vagina) is gently inserted so that physician can see vaginal and cervical membranes. It also facilitates the pap smear by allowing the removal of some cervical cells for microscopic examination.
- The physician can also detect the size, shape, and any abnormalities of the uterus, tubes, and ovaries by use of a bimanual exam.

Pap smear:

- There is presently a dispute concerning how frequently it is necessary that this test be performed. The question involves cost effectiveness.
- It is agreed, however, that more frequent testing is needed if a woman has many sexual partners, begins sex early, uses the pill, has genital herpes, or is a DES daughter (see p. 136).
- Physicians should interpret the reading of the Pap test.

Breast examination:

- Most physicians examine women's breasts for lumps.
- A physician can also help teach an individual to examine herself.
- Lumps in teenagers are usually benign. Self-examination in the teen years leads to good habits later. Self-examination is critical to early diagnosis and prompt treatment.
- The highest recovery rate occurs in those who use self-examination regularly.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

DES:

- DES (diethylstilbestrol) is a synthetic hormone which was used to prevent miscarriage from the 1940s to the 1960s.
- DES has been found to be related to cancers of the vagina and testicles, as well as leading to fertility problems in the sons and daughters of those having used it.
- DES is also used as a "morning-after pill" to prevent pregnancy if taken within 72 hours after intercourse.
- It causes nausea; its actual degree of effectiveness is controversial.
- It is not viewed as a regular method of contraception.

Hysterectomy:

- This is the surgical removal of the uterus. This surgery is performed when there is definite evidence of disease that cannot be cured by any other means. As with other kinds of major surgery, several medical opinions should be sought before a woman has a hysterectomy.

Testicular Cancer:

- Cancer of the testes is one of the most common cancers in men 15 to 34 years of age.
- If discovered in the early stages, testicular cancer can be treated promptly and effectively.
- According to the American Cancer Society, a simple monthly self-examination is a good means for early detection.

Urogenital examination:

- A male can be examined by a general practitioner, an internist, or a urologist (specialist in the male urogenital system).
- A rectal exam for cancer of the prostate is recommended for men over 40 years of age.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Expected Outcome: To identify and evaluate the choices involved in sexual expression.

Motivation: Examine the differences and similarities of the human sex drive and other basic needs such as those for food, sleep, and exercise.

Strategies: **Small-group discussion:** How do the following affect decision-making regarding sexual expression?

- family
- religion
- culture
- peers
- media
- personal feelings such as one's values, morals, self-image

List: several factors one needs to consider when making decisions concerning sexual behavior.

Discuss: the right to say no. Young people are often made to feel that they must have sex. Some who abstain from sexual activity may feel insecure, immature, or worried. Why? What are some reasons this might happen? How can we prevent it? How do you feel about the right to say no? Are there different pressures for the male and female?

List and define: the possible forms of sexual expression:

- abstinence
- sexual fantasy
- masturbation
- hugging, kissing, petting, exploration
- intercourse
- nocturnal emission or wet dreams (involuntary)

Discuss: society's attitudes toward these forms of sexual expression, taking into account the varying attitudes of different cultural and religious groups.

Discuss: the possible results of these forms of expression.

Define: "sexploitation." How is an individual exploited by others, society, and the media?

Define and discuss:

- heterosexuality
- homosexuality
- bisexuality
- gay, lesbian
- transvestism
- transsexual

Discuss: Are society's attitudes about homosexuality changing? Why or why not?

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

React: Meaningful relationships are something most people hope for and work for during much of their lives. How does this relate to choices involved in sexual expression?

Small-group discussion: How can responsible decision-making be made easier? Report conclusions to the class. Include: reading, talking, listening, planning ahead, knowing yourself, the blurring of judgment and loss of self-control by drugs and alcohol, and clear communication. Many teenagers agree, "You can't count on the other person to do what's best for you."

NOTE: Alcohol and drugs dull one's judgment and so may result in unplanned sexual behavior due to clouded judgment.

Research: how the courts have distinguished pornography from obscenity.

Evaluate: several advertisements from magazines found in the school library that portray values messages about men and women. Use the following questions as a guide:

- How is the female portrayed in these ads? And how is the male portrayed?
- Is sex being used to sell the product being advertised?
- Would you consider any of these ads as being sexist? Why?

Discuss: What connections are there between sex role stereotyping in advertisements and the way we feel about ourselves and others?

Teacher Information:

One of the most sensitive issues for high school students is adolescent sexual intimacy. Without making censorious statements which will decrease students' feelings of self-worth and without condemning parental actions which may differ from traditional codes, the teacher's role is to help students examine the problems and dangers of adolescent sexual intimacy and to highlight the positive values of love, commitment and marriage.

However, since it is a fact that many adolescents will engage in sexual intimacy before they marry, it is important to convince students that there are minimal responsibilities which people owe to themselves and to each other in such relationships: not using or exploiting the other person, taking care of one's sexual health, informing the other person if one has contracted a venereal disease, considering in advance the risks of pregnancy and reaching a decision as to what course of action will be taken are among the minimal responsibilities.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Teacher Information:

FORMS OF SEXUAL EXPRESSION

Information in this area is extremely varied and too vast to be fully covered in this brief space. Teachers should refer to bibliography.

Abstinence: Refraining from sexual activity, a choice people may make; often sexual energy is channeled into other activities such as athletics, the arts, hobbies, or work.

Sexual fantasy: A form of sexual expression or release which may be conscious or unconscious. One's fantasies do not indicate one's behavior.

Masturbation: Self-stimulation for sexual pleasure. Medical evidence indicates no physical harm (*e.g.,* hair loss, retardation) results from masturbation; however, masturbation as a regular response to problems (such as lack of friends, failure, or overwhelming emotions) may indicate a need for outside professional assistance.

Nocturnal emission (wet dreams): The release of semen during sleep; this is a natural way for the male to relieve sexual tension.

Sexual intercourse: Since the question of adolescent sexual intercourse is an important issue for young people today, teachers should include the opportunity for a comprehensive open-ended discussion on the following topics:

- the psychological effects of adolescent intercourse.
- the physical effects of unprotected intercourse (e.g., fertilization is possible with the first ejaculation at or about the first menarche and during the first intercourse).
- the conflict between traditional beliefs and society's present emphasis on sexual relationships as depicted in the media.

Homosexuality: Sexual desire for and activity with a member of one's own sex; may be called gay or lesbian. Most child molesters are heterosexual males and not homosexuals. A homosexual experience does not make a person a homosexual. One cannot tell from an individual's walk, career choice, athletic interests, or appearance whether that person is homosexual.

Bisexuality: Sexual desire for and activity with members of both sexes.

Transvestism: The regular wearing of clothing strongly associated with the opposite sex for the purpose of emotional and/or sexual gratification. This is not necessarily an indication of sexual preference.

Transsexual: An individual with an overwhelming desire to become a member of the opposite sex or one who has had an operation to change his or her sexual organs to those of the opposite sex and then assumed the role of that sex.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

PORNOGRAPHY

Pornography: (adapted from *Sex: The Facts, the Acts and Your Feelings* by Michael Carrera, Ph.D., Crown Publishers, New York, 1981 and *Human Sexuality* by Annette G. Godow, Ph.D., C.V. Mosby Co., St. Louis, 1982. (See Bibliography, p. 250.)

- *Legal Status*

Pornography is usually defined as works whose primary objective is to arouse the observer or reader. Pornography is considered a relative term, subject to interpretation. It has not been defined legally in a consistent way.

Whereas pornography is often not judged illegal, material defined as obscene is. The U.S. Supreme Court came up with a definition of obscenity in 1957 (Roth vs. United States). According to the Roth decision and litigation that followed there were three basic criteria for the determination of obscenity ("hard core pornography"):

1. For the average person, the dominant theme of the material, taken as a whole, must appeal to a prurient interest in sex. That is, its emphasis must be on the clearly improper representation of sexual matters.
2. The material is clearly contrary to the "contemporary community standards" regarding the depiction of sexual matters.
3. The material is clearly without social value, or judged to be without artistic, literary or scientific value.

The 1973 Miller decision provides new grounds for judging obscenity. The majority opinion of the Supreme Court rejected as a constitutional standard the "utterly without redeeming social value" test of previous decisions. The Court also rejected the concept that a national standard must be applied in determining whether a work appeals to prurient interest or is patently offensive.

- *Pornography and Sexism*

According to Dr. Carrera, a newer, but very important, consideration in our thinking about pornography is the sexist one. "As a rule, women are portrayed in pornography as objects, serving men and their apparent need for depersonalized sex. Women are thereby degraded, dehumanized, and exploited."

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Expected Outcome: To determine ways we can reduce the incidence of abuse, assault, and rape.

Motivation: React: Rape is a crime of violence; it is motivated by a desire to control and dominate, not by sexual passion.

Strategies: **Define:** abuse. List types of abuse (*e.g.*, female or male rape, child abuse, wife or husband assault, incest).

Discuss: violence and the role of violence in our society. What is the relationship between maleness and femaleness and violence? Why does one commit rape, incest, or another type of violent abuse?

Discuss: the incidence of rape, noting the wide range of potential victims (acquaintance and stranger rape, male or female).

View: and discuss the *Acquaintance Rape* film series. Follow the film guide for discussion.

Brainstorm: What can the individual do to prevent rape? Touch on the following:

Acquaintance rape:
- tell someone where you are, who you are with, and when you'll be home
- say what you mean and mean what you say

Stranger rape:
- avoid being alone in deserted areas
- check your car's back seat before getting in
- lock your car and home when you enter and leave
- carry keys in your hand to car and home
- call "Fire," not "Rape"
- vomit, urinate, scratch at the eyes of the perpetrator

General:
- use good judgment, trust instincts
- be able to protect yourself by staying in good condition
- use communication skills to talk the potential perpetrator out of any crime

NOTE: Avoiding a situation is more effective than using survival techniques once in it.

Discuss: "The primary attributes that determine victim selection are vulnerability and availability." (A.N. Groth, Director of the Sex Offender Program, Connecticut Prison.)

List: those things one should or should not do after a rape incident (e.g., to avoid destroying evidence, do not cleanse self of semen or skin or hair of criminal; report immediately to police).

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Invite: a speaker from the Sex Crimes Analysis Unit of the New York City Police Department or from Women Against Rape or Task Force Against Rape to discuss ways to avoid rape and the effects of rape on victims.

Identify: organizations or services which exist to help rape victims (*e.g.*, N.Y. Women Against Rape, 777-4000; Victim Services Agency Hotline, 577-7777).

Research: the incidence of rape in New York City. Why is there a discrepancy between the actual number of rapes and reported rapes? How does this hinder the effective apprehension and prosecution of rapists?

Define: domestic or family violence. How does it manifest itself (verbal, physical, psychological, and sexual abuse)? What are its results (guilt, self-blame, emotional effects)? Why does it occur (cycle perpetuates itself, learned behavior, lack of esteem)?

NOTE: Refer to "Addressing Domestic Violence: A Guide for School Personnel," prepared by the Governor's Task Force on Domestic Violence and the State Education Department.

View: Film/video, "Two-way Street: Scenes of Domestic Violence," (see Bibliography, p. 278).

List: sources where victims of domestic or family violence can go to find help (friends, family, police, courts, shelters, etc.).

Define: incest (sexual activity between persons so closely related they are forbidden to marry).

Discuss: why the incidence of actual incest is so much higher than the reported cases. Why does the discrepancy exist?

Discuss: why incest occurs; who is involved; what the physical, social, mental, and emotional ramifications are.

Discuss: Where a victim of incest may go for help. (See Teacher Information, p. 145.)

Research: The community services available for helping victims of incest.

Discuss: The physical, mental, and emotional effects of violence on victims and their families and the need for emotional support systems.

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Discuss: How society contributes to the pattern of violence. For example:

- sexual violence in the media
- stereotyping of aggressive male and passive female
- victim is often blamed by self and others
- victim is reluctant to identify criminal and follow through with legal proceedings
- the process of apprehension, prosecution, and conviction is a very difficult one
- rehabilitation processes are far from perfect
- despite improvements in legal procedures, negative attitudes towards victim persist

Discuss: what we can do to help alter this pattern. (Suggestions: identify what makes you angry, develop methods of expression, communication.)

Leslie Sloan, John Dewey High School

High School **143**

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

Teacher Information:

RAPE

Definition of rape: Force or the threat of force used to secure sexual contact; this crime is violent, not passionate. If someone whom the victim knows uses force for sexual contact, it is called acquaintance rape. Incest (see below) may be considered a type of rape.

Who gets raped: Anyone young (including children), old, attractive, ugly, well-dressed, "provocatively" dressed; men can also be victims of rape.

Effects:

- tendency to blame the victim rather than the perpetrator (this also occurs in the case of children and incest)
- rape trauma syndrome may develop (tremendous fears—may take months to overcome)
- general sense of crisis
- marital sex may be affected
- job, family relationships often affected
- phobias may form
- retreat from reality (refusal to recognize actual occurrence of event)

What to do if you have been raped:*

1. Call a friend or someone you feel close to.

2. Be kind to yourself. You have lived through a terrible experience and you deserve to be praised for that. Recognize the strength that allowed you to survive.

3. It is very important that you get medical attention within a few days. You can go to a hospital emergency room, some of which have trained rape crisis counselors on call, or you can go to a private doctor or a clinic. You should receive a pelvic exam, pregnancy test, test for VD, and treatment of any other injuries.

4. If you want to report the rape to the police, you can call your local precinct, or the 911 number if you need an ambulance. The New York City Police Department also has a Sex Crime Report Line which can be reached at 732-7706. If you plan to report the rape, be sure to get medical attention right away, and have all evidence collected. Don't bathe or change your clothes first.

5. You may have some difficulty in functioning after the rape. Nightmares, insomnia, loss of appetite, extreme fear, anxiety, anger, loss of trust, sexual problems, and feeling unsafe are some of the common reactions to sexual assault.

6. Survivors of sexual assault need encouragement (but not pressure) to talk about what happened to them and how they are feeling about it. If someone close to you has been assaulted, reassure her/him that s/he is still loved and accepted. S/he is not the criminal. It is the rapist who has committed the crime.

7. If you need more information, or just want to talk, call New York Women Against Rape (NYWAR) at 777-4000.

NOTE: An excellent resource for information on rape is *A Guidebook for Women in New York City: What You Should Know About Rape*, prepared by the New York City Advisory Task Force on Rape, 1981.

*(Prepared by New York Women Against Rape)

CONCEPT: ***Sexual health requires responsibility to oneself, one's family, and society.***

SEXUAL ABUSE / INCEST / DOMESTIC VIOLENCE

Definition of incest: Sexual abuse which is perpetrated on a child by a member of that child's family group.

Who is involved:

- sibling incest is considered most prevalent and least reported
- father-daughter incest is second most prevalent and most frequently reported
- mother-son incest is highly damaging to sons and least frequently reported but considered more prevalent than appears
- father-son, mother-daughter cases also exist
- psychological pressure is used more frequently than physical force to induce participation
- all socioeconomic classes appear to be involved

Effects of incest:

- most cases seem to be psychologically damaging to the child and parents
- many adolescent prostitutes, of both sexes, have histories of incest
- many female drug addicts have histories of incest

NOTE: The Child Protective Services Act of 1973 mandates the immediate reporting of all cases of suspected child abuse and maltreatment. School staff members who have reasonable cause to suspect that a child has been abused or maltreated must notify the principal or designee immediately

Board of Education, Chancellor's Regulations, No 750A, 4/30/82: "An abused child includes one whose parents or other persons legally responsible for the child's care commit or allow to be committed a sex offence against the child as defined by penal law." (See Bibliography, p. 253.)

Definition of family violence: Acts of violence occurring between members of the same household or those where intimate relationships exist; includes child, spouse, girl or boyfriend, parent, sibling, or abuse to the elderly.

Who is involved in family violence: All ethnic, religious, and socioeconomic groups experience violence in the homes. More violence seems to be reported among lower socioeconomic families, but this may be because they are more likely to be connected to a social agency.

Effects of family violence:

- violence is a learned behavior; children of violence are more apt to be violent themselves
- fear, inability to act
- poor behavioral adjustment of children

Sources of help:

Sex Crime Report Line, 732-7706
Victim Services Agency, 577-7777

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Expected Outcome: To explain the role of genetics in human reproduction.

Motivation: From the point of view of *genetics*, how true is the statement, "like mother, like daughter; like father, like son"?

Strategies: **Brainstorm:** What characteristics can be inherited from parents?

Discuss: how genetic information is transmitted. Briefly discuss chromosomes and genes. What determines whether a person is male or female?

Discuss: the following causes of birth defects:

- Heredity (genetic abnormalities, e.g., Huntington's chorea)
- Adverse maternal environment
  - Infections (rubella, STD)
  - Drugs and medicines
  - Alcohol (Fetal Alcohol Syndrome)
  - Smoking (stillbirths, low-birth weight)
  - Nutrition
- Effects of the general environment
  - Radiation (X-rays)
  - Pollutants (waste chemicals)

List: diseases and disorders which are hereditary. What is the difference between a hereditary and a congenital defect? Identify diseases which are characteristic of a particular ethnic group or sex.

Discuss: difference between trait (or carrier status) and disease, e.g., sickle cell trait and sickle cell anemia (disease).

NOTE: Diseases are inherited in different ways, but people who have a hereditary trait (carriers) *do not* have the disease, but *do* have potential for having a child with the disease if their mate also carries the trait.

Define: amniocentesis and sonography. Why are they used? How are they performed? What are the possible ethical issues involved in their use? What prenatal help can be given to the fetus?

Invite: a genetic counselor to explain the purposes of counseling and how it can help parents and their children.

Research: How can we become more informed concerning genetic traits? Include information on the role of a genetic counselor; agencies which offer this service; and reasons a couple might feel the need to consult such a counselor.

NOTE: "Birth Defects: Tragedy and Hope," March of Dimes Birth Defects foundation, is an excellent resource pamphlet. (See Bibliography, p. 252.)

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Teacher Information:

GENETICS IN HUMAN REPRODUCTION

Genetic potential: A normal human cell contains 46 chromosomes, each containing many genes, the units responsible for hereditary characteristics. A dividing process (meiosis) occurs in testicles and ovaries, and consequently sperm and ova contain only 23 chromosomes apiece (union of the two provides chromosomes necessary for human development).

Sex traits: All ova carry the X chromosome; sperm carry X or Y chromosomes. When union occurs, if the fertilized ovum contains two X chromosomes (XX), it will develop as female; if the fertilized ovum contains X and Y chromosomes (XY), it will develop as male. Sex-linked traits are those which attach themselves to these sex chromosomes. Some examples are hemophilia, early baldness, and red-green color blindness, all of which are carried on the X chromosome and are therefore more common in males.

Abnormalities: Abnormalities such as too many or too few chromosomes may occur in meiosis; these may be the result of excessive radiation exposure, age of parents, or other as yet undetermined causes.

Birth defects: A birth defect is an abnormality of structure, function, or body metabolism which often results in a physical or mental handicap, shortens life, or is fatal. It may be inherited (hereditary defects) or may result from environmental interference within the womb (congenital defects).

Hereditary defects: These are related to the genetic structure of the individual and include hemophilia, predisposition to diabetes, cystic fibrosis, sickle-cell anemia, Cooley's anemia, Huntington's Chorea, early baldness, Tay Sachs disease, and flat feet.

Congenital defects: These defects, also present at birth, result from causes other than those which are hereditary, such as the mother's exposure to rubella, poor nutrition, or use of drugs during pregnancy.

Genetic counseling: Assistance given to couples by professional counselors for the purpose of family planning.

- Careful histories are taken and evaluated, and advice is given concerning the chances of having healthy children.
- The couple is aided in the exploration of various options and opportunities.
- The counselor is not involved in the couple's decisions.
- Amniocentesis (see below) is often of assistance in genetic counseling.

Sonography: Process of producing images by pulsating high frequency sound waves toward the fetus and studying the echoes printed as outlines on a television screen, then photographed. It can determine accurate due date and possible complications. It measures from crown to rump, the physical characteristics and position of fetus. It is used to assist in amniocentesis and intrauterine procedures such as blood transfusion and prenatal surgery.

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Amniocentesis: The removal and testing of amniotic fluid from a woman who is 15 weeks pregnant. The cells in the fluid have the same genetic makeup as the fetus and can be tested to determine chromosomal abnormalities, genetically-produced biochemical disorders, the sex of the fetus, and sex-linked disorders carried by females but affecting males (hemophilia, muscular dystrophy). Technology now allows for prenatal treatment of fetuses (blood transfusions or microsurgery), and prompt diagnosis helps greatly.

Fetoscopy: An instrument similar to a periscope is inserted into the uterus so the physician may see the fetus directly and remove fetal blood, muscle, or skin for additional study.

In-vitro fertilization: Conception outside the woman's body. The egg cell is fertilized in a laboratory dish (in vitro) by a sperm and the resulting embryo is placed into the woman's womb for normal gestation and birth. This technique was developed by an English physician, Patrick Steptoe, in 1978. The first American "test-tube baby" was born in December, 1981. The procedure was designed to overcome the inability of some women's fallopian tubes to transport to the uterus the egg cell released from the ovary. Approximately 500,000 American women are believed sterile because of this condition.

Expected Outcome: To trace the stages of embryonic and fetal development.

Motivation: View and discuss the film *First Days of Life* (see Bibliography, p. 273).

Strategies: **Discuss:** fertilization and cell division.

Discuss and describe: the development of the embryo and fetus using pictures (*e.g.*, Time-Life or March of Dimes Preparenting Education Program [PEP], (see Bibliography, p. 252).

Define: and describe the following terms:

- embryo
- fetus
- placenta
- amniotic sac and fluid
- umbilical cord

Research: Why do multiple births occur? What is the difference between fraternal and identical twins?

Define: infertility.

Research: the probable causes of infertility.

Research: the use of fertility drugs.

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Teacher Information:

EMBRYONIC AND FETAL DEVELOPMENT

Fertilization: Occurs when a sperm cell unites with an ovum in the fallopian tubes; because the sperm is viable for about 72 hours, it is possible for fertilization to take place up to three days before or three days after ovulation.

Fertility: The ability to conceive. Biological factors influence fertility in both males and females. Emotional factors may also affect fertility.

Infertility: The temporary inability to have a natural child; if the condition is permanent, then the person is sterile. The probable causes of infertility in the male include: problems with sperm, diseases and disorders (gonorrhea, mumps), emotional stress. In the female: infections affecting the fallopian tubes (gonorrhea and pelvic inflammatory disease), cervical problems, ovulation difficulties, pathology in uterus, and emotional stress.

Embryo: The fertilized egg from the time of fertilization to eight weeks of development. During these eight weeks, all organs are being formed; the rudimentary heart beats, pumping blood through the vessels; and its form can be recognized with visible arms, legs, eyes, ears, and nose by the end of the eighth week.

Fetus: From the eighth week of development, the embryo is called a fetus; it has a recognizable form; all organs are present.

Full term pregnancy: Ten lunar months, nine calendar months, or 280 days.

Placenta: Spongy tissue with a rich blood supply serving as the point of attachment of the fetus to the uterus and furnishing the fetus with nutrients while also removing wastes from fetal blood; therefore drugs and alcohol taken by the mother thus pass directly to the fetus. There is no direct mixing of blood between the mother and the developing embryo or fetus.

Umbilical cord: Contains blood vessels for exchange of substances; attaches at navel of fetus and placenta.

Amniotic sac (amnion, bag of waters): Sac filled with amniotic fluid; serves to cushion fetus and protect it against physical injury, heat, and cold. All the tissue in the development of the fetus comes from the original sperm and egg; therefore, cells in the fluid of the amnion are comprised of the same chromosomes as the fetus and these can be used in genetic testing (amniocentesis).

Multiple births: Occur for the following reasons:

- Multiple births are of two types:

  Fraternal: occurs when more than one ovum is released and simultaneously fertilized by different sperm cells. These children are usually no more similar or dissimilar than siblings born from different pregnancies.

  Identical: occurs when the fertilized ovum divides into more than one embryo. These one-egg twins have the same genetic make-up and are similar in all characteristics, including sex.
- multiple births of three or more can be the result of any combination of the above.
- use of drugs to assist non-ovulating females to become fertile commonly results in more than one egg being released. Fraternal twins, triplets, etc. are the result.

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Expected Outcome: To identify ways of experiencing a happy, healthy pregnancy.

Motivation: **React:** The expectant mother has important responsibilities before the birth of the baby.

Strategies: **Brainstorm:** the signs of early pregnancy.

List: the reasons it is important to have early diagnosis of pregnancy. Why do some women wait (*e.g.,* unaware, unmarried, unintended, etc.)? Should they wait?

Interview: pregnant women and their mates (try to include people of varied status and background) and inquire about their feelings (physical and emotional) when they first realized they were expecting a child. Compare and contrast information.

Discuss: the physical changes which take place in the expectant mother.

Discuss: the emotional ranges experienced by the expectant mother and family. What special roles can the father play and what additional responsibilities can he assume?

Define: prenatal care.

Discuss: the importance of prenatal care. What procedures are included in the first and ensuing examinations?

Discuss: methods of choosing an obstetrician.

Research: Have small groups research material and report back to class on the following:

- What is the importance of nutrition during pregnancy?
- How does drug use affect pregnancy?
- How does smoking affect pregnancy?
- How does alcohol affect pregnancy?
- How do activities such as sports, travel, and sex affect pregnancy?
- What other factors may affect us? Where can we go for further information?

Write: a balanced daily menu for a pregnant woman (include snacks).

List: the things we can do to assure a healthy pregnancy.

Invite: a health professional from an appropriate agency to discuss proper care during pregnancy.

Discuss: the medical problems which might be associated with the age of the parents, particularly the mother.

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Small group discussion:

- What are the special emotional, educational, and social problems associated with teenage pregnancy?
- What are the effects of a pregnancy on a teenage relationship?
- What are the particular problems and responsibilities of a teenage father?
- What are the reasons teenagers become pregnant? (e.g., need for love, attention)

React: to these reasons for teen pregnancy.

Discuss:

- How can a pregnant teenager tell her family of her pregnancy?
- How does a teenage father deal with *his* family?
- Why are teenage pregnancies considered high risk?
- What can be done to lower the risks?

Discuss: When is an embryo or fetus most vulnerable? How can we increase its chances for health?

Discuss: What is a miscarriage or spontaneous abortion?

- When does it occur?
- What physical and emotional reactions are associated with it?

Locate: community health facilities which provide prenatal care and counseling to potential parents.

NOTE: See Appendix C for a directory of health clinics (p. 199).

Create: a poster, cartoon, or comic book (or write a letter) convincing a potential parent to do some special thing (*e.g.,* stop smoking) to assure the health of her child and of herself.

Read and Discuss: "You're not alone! A teen's guide to a healthy pregnancy," New York State Department of Health.

March of Dimes Birth Defects Foundation

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Teacher Information:

PREGNANCY

Possible signs of pregnancy:

- scanty or missed menstrual period
- increased frequency of urination
- tenderness of breasts
- nausea (about one-third of pregnant women experience this feeling due to chemicals released during pregnancy; it may occur any time of day but is often referred to as "morning sickness." Dry crackers sometimes help; rest is an excellent prevention; avoiding big meals is also advised.

Positive signs of pregnancy: (none of the possible signs listed above are totally accurate, but the signs listed below generally are).

- a pelvic exam reveals pregnancy after conception (the cervix becomes blue)
- a positive reading on a lab test for the presence of the hormone HCG (human chorionic gonadatropin) in the mother's urine
- over-the-counter pregnancy tests, if performed properly, are generally accurate but should not replace a visit to physician. These tests are based on the same principle as the HCG test and are helpful if the parents want to know about pregnancy particularly early and privately. Often they are falsely negative and result in poor health practices or delay in reaching a physician.

Early diagnosis: Early diagnosis is important because most fetal development takes place at the very beginning of pregnancy and the improper intake of food, drugs, or exposure to disease or radiation may be very dangerous at this time. If the mother knows of her pregnancy, she can be particularly careful.

Psychology of pregnancy: Potential parents tend to have great fluctuations in feelings: love, fear, joy, worry, or any other feeling that is associated with great change in one's life. Each trimester usually brings the prospective parents closer to comfortable feelings concerning the child. These emotional changes during pregnancy may occur for the following reasons:

- concern over how good a parent one would be
- concern over how one would balance child care and other responsibilities
- concern about not having enough knowledge about infant care
- some feelings about one's own early childhood relationships are reawakened
- pregnant women may have some wish to receive nurturance from others as they get ready to nurture their young.

Physical changes in mother:

- breasts enlarge
- nipples darken
- more frequent urination
- abdomen enlarges, uterus increases in weight
- indigestion or constipation may occur during the later months of pregnancy.
- some swelling of ankles or fingers may occur.

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Prenatal care: Medical care given the mother and embryo or fetus prior to birth:

- first visit usually includes complete history and medical examination including breast and pelvic exams: blood count and type, hemoglobin analysis, syphilis test, gonorrhea smear, urinalysis, weight and blood pressure checks, Rh factor, rubella antibody test.
- monthly visits thereafter include a check of the fetal heart and position, urinalysis, weight and blood-pressure checks
- eighth month usually involves biweekly visits
- ninth month involves weekly visits for determining the position of fetus, checking heartbeat, and dilation of cervix.
- physician will provide instructions for signs of possible problems (*e.g.*, bleeding or spotting, severe pain, high fever) and instructions for the onset of labor.

Infections: Exposure to any infectious disease during pregnancy should be avoided. Rubella in the pregnant female during the first few months may result in birth defects; all females should be tested and immunized before pregnancy.

Drugs, alcohol, tobacco: Drugs taken by a pregnant woman pass through the placenta and reach the fetus. Drugs, especially if taken during the first three months, may damage the fetus' developing organs and systems.

Tobacco contains chemicals that pass through the placenta to the fetus and there is medical evidence that smoking during pregnancy is related to low-weight babies.

Alcohol taken in large amounts during pregnancy can harm the brain cells of the fetus or lead to other birth defects. This is called the Fetal Alcohol Syndrome.

Nutrition:

- a balanced diet is imperative for the health of the mother and embryo or fetus.
- fad diets should be avoided
- a weight gain of 20 to 30 pounds seems to be acceptable for average-weight women
- junk food and sweets provide little nourishment value, contain many calories, and should be avoided
- protein (meat, fish, cheese, eggs, and proper vegetable combinations) builds cells and is needed for fetal development
- carbohydrates (fruits, vegetables, whole-grain products) are needed for energy
- calcium (milk and dairy products) is needed for bone development
- alcohol, tobacco, and drugs not approved by your physician should be avoided. (According to many medical experts, the best means of preparation for successful childbearing are lifelong good health and nutrition practices.)

Age:

- Most difficulties associated with teenage pregnancy occur because of a lack of good, early prenatal care and poor nutritional habits.
- Teenage women and women over 40 have been considered at high risk on the basis of age, but other elements may be at fault.
- Prematurity and low birth weight associated with teenage pregnancy may be reduced with good, early prenatal care and nutrition.
- Toxemia and maternal death rate are much higher for women under 15, and may be reduced with good, early prenatal care and nutrition.
- Death rate of babies born to mothers under 18 is nearly twice that of mothers aged 20 to 29, and may be reduced with good, early prenatal care and nutrition.

Note: Low birth weight is a major factor associated with infant mortality and is also related to physical and mental handicaps.

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Expected Outcome: To describe the process of childbirth.

Motivation: What are some feelings expectant parents might have at childbirth?

Strategies:

List: the signs of the first stage of labor.

Define: the three stages of labor and discuss what happens at each.

Discuss: Why the first stage of delivery is called labor.

View: and discuss a film on childbirth such as *A Baby Is Born* (see Bibliography, p. 271).

Explore: community childbirth classes for expectant parents.

Invite: a delivery room nurse to discuss methods of childbirth and medical procedures such as episiotomy, induced labor, medication, and the use of a fetal monitor.

Define: fetal monitor; describe its function.

Invite: a new parent to discuss a birth experience. Invite fathers to explain why and how they participated in a childbirth experience.

Define: breech delivery; cesarean section.

React:

- It is the woman who delivers the baby, not the physician or midwife.
- Childbirth is a family experience.

Discuss: Stillbirth and its emotional effects.

Compare: nursing a baby to bottle feeding. What are the medical and emotional advantages of each?

Discuss: new trends in delivery and labor (*e.g.*, delivery in chair, labor under water).

Research: the advantages and disadvantages of:

- having child at home vs. in the hospital.
- having child at a birthing center vs. in the hospital.
- childbirth classes in community.
- using a licensed midwife.
- using methods of childbirth such as LaMaze, LeBoyer, and Bradley (see Teacher Information, p. 156).

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Teacher Information:

CHILDBIRTH

Emotions during childbirth: Childbirth arouses many varied feelings; teenagers who are not given much information are often confused about the process of childbirth.

Labor: A due date is generally correct within a two-week span. The first signs of labor vary:

- bloody show (a slight mucous discharge with some blood)
- water breaks (amniotic fluid leaves the body slowly or quickly as a clear, thick fluid)
- contractions begin (the term pain is not used because of negative connotations)

Stages of labor:

First stage of labor. The longest stage; frequently lasts 16 hours in first pregnancy but is usually shorter in subsequent pregnancies. Contractions dilate the cervix and vary in length and rhythm; water usually breaks any time during this stage. The stage ends with full dilation of cervix.

Second stage of labor. Contractions are more frequent and intense; passage through birth canal takes place; episiotomy is frequently performed (an incision in the area between the vagina and the anus, to enlarge the opening through which the baby will pass). Stage ends with birth.

Third stage of labor: The uterus contracts to a very small size and the placenta is expelled. Delivery of the placenta is sometimes referred to as delivery of the "afterbirth."

Postpartum: Considered to be the total physical and psychological readjustment period immediately after childbirth; procedures include monitoring mother to see that uterus contracts properly (usually takes a few hours). Irregularities in hormonal balance as well as emotional and physical changes may all result in mood swings for several days or weeks after childbirth.

Birthing choices:

- An obstetrician is a physician especially trained to deal with childbirth and possible complications.
- Personal and financial concerns often influence choices.
- Licensed midwives and birthing centers are becoming more popular; follow-up team and equipment must be available for emergencies (hospital services, physician, etc.).
- Over the past decade the use of medication during childbirth and pregnancy has come to be avoided wherever possible.
- The practice of elective induced labor for the convenience of mothers or physicians is discouraged; it may be performed as a life-saving procedure.
- Knowledgeable and aware prospective parents make better choices and often have more positive experiences.
- Childbirth classes help in preparing prospective parents for the emotional and physical task of delivery; increased awareness of the needs of parents and the baby during childbirth have affected attitudes of health professionals and are influencing significant changes in hospital policies.

Breech delivery: The baby's feet or buttocks come out first rather than the head; physician may attempt to turn fetus.

CONCEPT: ***Awareness of the reproductive process is conducive to sound decision-making.***

Cesarean section: Procedure of abdominal surgery to remove fetus; may be used more frequently today because of increased use of fetal monitor (early detection of problems and possible distress of fetus). When a cesarean section is recommended to prospective parents, reasons for this medical procedure, as well as other possible alternatives, should be discussed with the physician.

Medication in delivery and childbirth: While the trend today is to avoid the use of drugs, when medically indicated some are used. Examples are:

- *pitocin:* helps increase contractions' strength or bring on labor; too much may result in birth defects because of lack of oxygen to fetus in rapid birth
- *demerol:* has relaxing, sedative effect on mother
- *epidural or saddle block:* mother remains awake, can see birth process; has no sensation of contractions; may slow labor
- *anesthetics:* mother is seldom totally anesthetized

Nursing: Human milk provides infant with nutrition as well as resistance to infection and disease. Nursing speeds the return of mother's uterus to normal size.

Alternative methods of childbirth:

- *LaMaze:* one type of prepared childbirth which includes learning about the birth process, relaxation, breathing exercises, and concentration, thus enabling the mother to deliver with less stress; a coach may assist with breathing, relaxation, and pushing to deliver the baby.
- *LaBoyer:* concentrates on reducing the trauma of the birth process on the baby; lights are lowered, umbilical cord is not cut immediately, room is quiet; soothing music may be played; baby is placed in warm bath.
- *Bradley:* another type of prepared childbirth which uses classes and exercises from the beginning of pregnancy to assist potential parents. Greater focus on the body and breathing than LaMaze.

Fetal monitor: A fetal monitor is a machine which electronically records the fetus' heart rate during labor.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To describe the nature of love and relationships.

Motivation: Play records or listen to tapes of some recent music describing love; how accurate are the descriptions of love?

Strategies:

Trace: the development of love from infancy to old age.

React: Self-image is an important element in love.

Discuss: What are infatuation, romantic love, puppy love, love at first sight, mature love? How do they relate to each other?

Create: a chart that compares the characteristics of infatuation with those of mature love.

Small-group discussion: How does the love of parents, siblings, or friends differ from love in marriage? How are they similar?

Brainstorm: the ways to express love.

Rank: these expressions of love in order of their importance in forming a loving relationship as you understand the process.

Small-group discussion: Do we fall in love? Is love forever? Why does love end?

Discuss: Why do young couples continue a relationship when the love feeling no longer exists (guilt, loneliness, ego deflation)? What are the feelings one may experience when a love relationship ends? How can we separate with the least amount of hurt to each other?

Interview: a friend who is in love. Ask him or her to relate how it feels.

Discuss: Can we love more than one person at a time? What is the relationship between love and happiness? What is the relationship between love and sex?

Read: a sample of romantic poetry (*e.g.*, Elizabeth Browning's "How Do I Love Thee?"). Compare the poet's understanding with your understanding of love, life, and marriage.

View and discuss: filmstrip, "Linkletter on Love, Sex and Values," series (see Bibliography, p. 282).

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information:

LOVE

Characteristics of mature love: Sol Gordon's *You* (see Bibliography, p. 267) defines mature love as "responsive love: being aware and concerned about the impact your love has on others." This type of love:

1) is energizing and enhancing as opposed to burdensome or exhausting.
2) is motivating.
3) occurs in stages: a) romance, b) questioning of relationship leading to growth and change, c) realization of mature love. Love relationships fluctuate within these stages over the course of a lifetime.
4) consists of respect or valuing of the other as a unique and autonomous person.
5) is not automatically forever.
6) may happen more than once in a lifetime.

Erich Fromm in *The Art of Loving* (see Bibliography, p. 266) incorporates knowledge, respect, care, and responsibility.

Varying definitions of love exist and can be evaluated.

Characteristics of infatuation:

- usually short lived; either becomes mature love or some other change in relationship occurs
- being in love is more important than the relationship
- often idealized
- atmosphere, sentiment, sacrifice, or loss of self tends to dominate relationship
- tends to focus on the physical

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To identify elements which contribute to a successful marriage.

Motivation: Discuss the statement that most marriages can work under the proper conditions, but we must remember that fulfillment comes from within; "neither partner can make the other happy."

Strategies: **Brainstorm:** Why do people marry?

Discuss: What are the historical and traditional reasons for marriage? Why do some people choose not to marry? Why do some people choose to live together without getting married? What are the advantages and disadvantages of each relationship?

Valuing: List ten qualities you consider to be important in the selection of a mate. Number them in order of their importance to you. Then assume the role of your parents and renumber the list in the order of what you would consider to be their preferences. Are there differences? Why?

Discuss: What is the purpose of the engagement period?

Discuss: What is marriage readiness (feeling of self-worth, willingness to work at a relationship, love, ability to devote time, etc.)?

List: the factors which might contribute to a satisfying marriage (*e.g.*, age of partners, cultural similarities, family experiences, attitudes toward marriage, etc.) Discuss.

Interview: married couples. What is the importance of love in a marriage? How can we keep love in a marriage? How does love change over the course of years? What does "working at a relationship" mean?

Discuss: How are attitudes towards marriage influenced by the media?

Diagram analysis: Place these symbolic descriptions of marriage types on the chalkboard. Discuss what each means and which type has the greatest long-range possibility of a successful relationship.

Type 1:

This type indicates three separate units.

Type 2:

This type indicates that both partners are consumed by togetherness.

Type 3:

This type indicates two individuals overlapping to form an encompassing unit.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Written self-evaluation: List those of your habits, likes, and dislikes to which your partner would have to become accustomed if you were married. Which would you be willing to change or compromise?

Small-group discussion: Define and discuss the engagement period, including its purpose and importance. Whole class discusses group findings.

Research and describe: various ethnic marriage ceremonies.

List: ways a couple could make the first few months of married life less stressful.

Evaluating statements: Teacher draws up a list of statements. Students circle those with which they agree. Class is divided into triads to discuss answers. Entire class reflects on results. Examples of statements are:

- . . . and they lived happily ever after.
- Marriage is a full-time job.
- If we don't like it, we'll get divorced.
- Love is all that is necessary for a good marriage.
- Sex is the most important single factor in a successful marriage.
- Our parents can help our marriage.
- Having a baby will help a marriage.

Discuss: What are the economic, social, and other advantages and disadvantages of marriage for the male and female?

Discuss:

- What are some major reasons for divorce (*e.g.*, money, infidelity, abuse)?
- What are some of the ways marriage difficulties could be worked out (*e.g.*, conferring with older family members, counselors, clergy)?
- What are some possible effects of divorce on a couple (*e.g.*, loneliness, sense of rejection or relief)?

Research: and discuss how cultural and religious groups view divorce and how they affect the family's adjustment. Discuss some of the feelings experienced by children of a divorced couple.

View: filmstrip, "My Parents Are Getting a Divorce."

NOTE: Particular sensitivity is needed for those pupils whose families are undergoing separations and divorces.

Define: the reconstituted or blended family (a family that is formed when a couple remarry; children from either or both previous marriages are both living in one household). Discuss adjustments involved.

Write: a marriage ceremony you would like to use.

View: and discuss the film *Getting Married* (see Bibliography, p. 273).

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information:

ENGAGEMENT, MARRIAGE AND DIVORCE

Engagement Period:

- A time to test a relationship.
- A time for the honest expression of feelings, goals, hopes, dreams, fears, etc.
- A period for becoming familiar with differences and learning to deal with them rather than hiding them.
- A period for learning of the existence of variations in traditions and cultures.
- Decision-making: type of wedding; names to use; birth control; living arrangements; child care; money; sexual commitment; responsibility to other family members.
- A time to develop mutual agreement concerning sexual behavior.

Marriage: According to many experts, marriage in America is evolving into a type of partnership in which both husband and wife will share equally all of the responsibilities of the home, children, cooking and friends.

Sidney Jourard, *Guidelines for a Positive Marriage Relationship* (see Bibliography, p. 251).

- The partners know each other to be distinctly individual.
- Each finds more desirable traits than undesirable traits in the other.
- Each feels concern for the happiness and development of the partner.
- The partners actively behave in ways that promote this growth and happiness.
- The partners can make themselves understood and known to each other; they communicate effectively.
- Each makes reasonable demands on the other.
- Each values and respects the autonomy and individuality of the other.

Divorce: May result in anger and a sense of failure on the part of parents as well as conflicting loyalties toward children. Children of divorce:

- often incorrectly feel guilty or responsible for breakup.
- often feel alienated or not informed and have difficulty adjusting as a result.
- may feel ashamed of family status.

"My Parents Are Getting a Divorce," two filmstrips, cassettes or records (see Bibliography, p. 282).

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To identify the responsibilities involved in parenting.

Motivation: View and discuss the filmstrip "Preparation for Parenthood" (see Bibliography, p. 283).

Strategies: **Discuss:** Should there be a licensing test for parenting? What should be included? Is parenting a role for everybody?

Brainstorm: qualities that can be associated with parenthood. Evauate these in terms of the students' feelings about their present state of maturity.

List: reasons people have children. Evaluate various reasons.

Small-group discussion: How accurate are these statements?

- One always loves one's children.
- Your child always loves you.
- A child is a possession.

Discuss: Some young people believe their sense of self-worth will improve if they have children.

Define: parent-readiness (*e.g.*, present feelings of self-worth, financial situation, sense of responsibility, ability to sacrifice, time to devote).

Discuss: How does caring for children (*e.g.*, younger siblings, mother's helper) prepare a young person for parenting?

Discuss: how a newborn affects family roles, responsibilities, and relationships.

Bevin Sloan

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Research: the finances involved in pregnancy and first three months of infancy.

Small-group discussion: The teacher hands out a sheet with statements. Students individually label each statement TRUE or FALSE. The answers are discussed in small groups and then with the entire class. Examples of statements:

- Preparation for parenting begins when you are pregnant.
- Couples who are expecting a baby feel closer and happier than they usually do.
- All family members need to be prepared for a new baby.
- Marriages improve with children.

Identify: the special problems of young parents (both father and mother; a single parent (either the father or mother.)

View: videotape/film *Looking for Love* (shows the changed lives of middle year teens who assume the parental role, their educational, social and financial adjustments (see Bibliography, p. 275).

Interview: Assume that you are going to be a parent for the first time. List all possible information you would need and all the questions you have about caring for a newborn. Choose five questions, interview your parents or other adults after school to obtain the answers, and report back to the class the following day.

What would you do: Have students in class think up and write out situations which would be difficult to handle as a parent. Place their papers in a grab bag. Divide the class into groups and have each group prepare a response to one or two situations, including what they would do in each case. Example: You are a parent and it's New Year's Eve and you've been planning this one evening out for weeks. The baby-sitter calls and says she can't watch your five-month-old infant while you attend a friend's party.

Identify: the health and human services available in the community for assistance in child care.

Research: Before a baby is born, a decision will have to be made on the method of feeding (*i.e.,* breast feeding as opposed to bottle feeding). Explore the factors to consider in deciding which method to use. Should the father be involved in this decision? Why? What dietary considerations are necessary if a woman is breast feeding? Research the La Leche League, an organization of women formed to support and assist women who are breastfeeding.

Speakers: Invite three parents who have children of varying ages to discuss their experiences, feelings, stresses, and responsibilities.

Read and write: Read "On Children" from *The Prophet* by Kahlil Gibran (see Teacher Information). Write a short description of your reaction to the author's message.

Styles of Parenting: Using Dr. Diana Baumrind's classification of parenting styles (see Teacher Information), how would the authoritarian, authoritative and permissive parent handle the young child who said, "How come I have to go to bed at 8:30? Johnny doesn't have to. I want to stay up, too!" Divide the class into small groups to prepare different responses.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information:

Parenting: According to G. Ron Norton ("Parenting," Prentice-Hall, N.J., 1977), parenting is a complex task that requires sensitivity and a willingness to look at what we are doing to our children—and to change if necessary. Within rather broad limits, some styles of parenting are generally more effective than others in producing children that are happy and socially self-reliant.

Styles of Parenting: Dr. Diana Baumrind has shown that parenting styles can be grouped into the following three main categories:*

Authoritarian Parents:

Authoritarian parents attempt to shape, control, and evaluate the behavior and attitudes of their child in accordance with a set of standards of conduct, usually an absolute standard, theoretically motivated and formulated by a high authority. They value obedience as a virtue and favor punitive, forceful measures to curb self-will at points where the child's actions or beliefs conflict with what they think is right conduct. They believe in inculcating such instrumental values as respect for authority, respect for work and for the preservation of order and traditional structure. They do not encourage verbal give and take, believing that the child should accept their word for what is right.

Authoritative Parents:

Authoritative parents attempt to direct the child's activities but in a rational, issue-oriented manner. They encourage verbal give and take, and share with the child the reasoning behind their policy. They value both expressive and instrumental attributes, both autonomous self-will and disciplined conformity. Therefore, they exert firm control at points of parent-child divergences, but do not hem the child in with restrictions. They recognize their own special rights as adults, but also the child's individual interests and special ways. The authoritative parents affirm the child's present qualities, but also set standards for future conduct. They use reason as well as power to achieve their objectives. They do not base their decisions on group consensus or the individual child's desires, but also do not regard themselves as infallible or divinely inspired.

Permissive Parents:

Permissive parents attempt to behave in a nonpunitive, acceptant and affirmative manner toward the child's impulses, desires, and actions. They consult with him about policy decisions and give explanations for family rules. They make few demands for household responsibility and orderly behavior. They present themselves to the child as resources for him to use as he wishes, not as active agents responsible for shaping or altering his ongoing or future behavior. They allow the child to regulate his own abilities as much as possible, avoid the exercise of control, and do not encourage him to obey externally-defined standards. They attempt to use reason, but not overpower to accomplish their ends.

Children's Bill of Rights: On the basis of studies conducted by child development experts of children's perceptions of parental behavior, the following parental guildelines were prepared by G. Ron Norton: (*Parenting*, Prentice-Hall, 1977. See Bibliography, p. 287.)

1. Be consistent in interactions with children.
2. Treat children with affection.
3. Concentrate on children's good points, not their failings.
4. Treat children as individuals who have their own point of view.
5. Be understanding and tolerant of children's behavior, yet provide direction when necessary.

*Adapted from Baumrind, D. "Current Patterns of Parental Authority." *Developmental Psychology Monographs, 1971, Vol. 4, No. 1, Part 2.*

CONCEPT: ***Starting and maintaining a family involves responsibility.***

"On Children," by Kahlil Gibran

Your children are not your children,
They are the sons and daughters of life's longing for itself,
They come through you but not from you,
And though they are with you yet they belong not to you.

You may give them your love but not your thoughts,
For they have their own thoughts;
For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams,
You may strive to be like them, but seek not to make them like you.
For life goes not backward nor tarries with yesterday.

Dr. Lila Lasky

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To describe available family planning methods.

Motivation: Discuss the following statement made by a teenager about sexually active teenagers: "Having intercourse makes you guilty and using contraceptives makes it a planned activity and that makes the guilt feeling worse."

Strategies: **Brainstorm:** the reasons people might want to limit the size of their families.

Define: family planning, contraception, birth control, natural family planning.

Discuss: why so many young people who are sexually active do not use birth control even though they may be aware of the different birth control methods.

Discuss: various cultural and religious points of view concerning family planning. For example, there are few religious objections to natural family planning.

Discuss: some reasons teenagers give for not using birth control when they are sexually active. Some examples might include:

- Even if you use contraceptives you might get pregnant.
- It won't happen to me.
- It's her responsibility.
- I'm not that sexually active.
- It's embarrassing to buy them.

Identify: basic types of pregnancy-prevention methods (*e.g.*, chemical, physical barrier, natural).

Develop a list: of criteria for evaluating contraceptives (*e.g.*, cost, availability, reliability [how well it prevents pregnancy], safety, effects on body, convenience, reversibility, preference, religion). Class discusses how these criteria should be applied.

List: all of the methods of contraception.

Small-group discussion: Each group chooses a method or technique, discusses it in terms of how it works, and evaluates it according to the criteria listed above. The information is then presented to the class.

Create: a chart describing methods according to the criteria.

Invite: a speaker from a health clinic to discuss the use of birth-control methods.

Discuss: No contraceptive is more reliable than the user.

Grab bag: Have students prepare descriptions of different situations in which couples are having sexual relations but are not planning on a pregnancy. Examples:

CONCEPT: ***Starting and maintaining a family involves responsibility.***

- a newly married, highly religious couple who would like to delay pregnancy a short time until finances improve.
- parents of a nursing infant who wish to wait until the nursing stops before having another child.
- a couple not planning on marriage or parenthood and having relations infrequently.

The teacher will choose some of the situations and place them in a grab bag. The class divides into groups of six or eight and each group selects one or two situations and determines which method(s) might best be used to fit each particular situation. The class discusses choices. Emphasis should be placed on the idea that even the same people, at different stages of their lives, might need to make different choices (*e.g.*, someone who is nursing cannot use oral contraceptives, someone who has intercourse infrequently might not need oral contraceptives).

React: Family planning is a mutual responsibility for both partners.

Research: community resources available for family planning and counseling. (See Appendix C, p. 199 for New York City Department of Health Directory.)

React: to this statement by Reverend Jesse Jackson: "You are not a man just because you made a baby. You are a man because you raise a baby and provide for a baby."

Write: a short paragraph explaining how you feel a decision about birth control should be made. Include male and female responses.

View and discuss: filmstrip "Pregnancy! It's Easy to Have a Baby. It's Hard to Raise a Child," from "Linkletter on Love, Sex and Values" series (see Bibliography, p. 282).

NOTE: This is a good time to review previous class discussions on readiness for sexual relationships and whether one can decide to abstain after being sexually active. Discussion should include family and religious values.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information:

CONTRACEPTION

Some 400,000 girls in the United States aged 17 or younger have babies every year. One million teenage girls in the United States are pregnant every year. Four of every five girls having intercourse without protection will become pregnant this year. Girls can become pregnant even before they begin to menstruate. And many young people who are using contraceptives are using methods which are the least reliable.

Reasons contraception is not practiced:

- irregular sexual activity.
- guilt
- personal values, religious or cultural beliefs
- lack of knowledge about where to go for information or what kind of method to use
- shyness
- some feel contraception removes romance from sexual experience
- desire for spontaneity
- some pregnancies are intended (*e.g.*, scoring, "He will love me if I have the baby," "I'll be mature")
- misinformation concerning side effects of contraceptives
- lack of responsibility
- refusal to admit that one is sexually active
- fear of seeing a physician or of purchasing contraceptives at a pharmacy
- worried about such possibilities at a health clinic as being refused assistance because of age, being given moral lectures, or being asked embarrassing questions
- concern that parents might find out about their sexual activity
- belief that their use of contraception may make their dating partners view them as being promiscuous or always sexually available.

Reasons for using contraception: According to national surveys of single teenages, those believing they could become pregnant were more likely to use contraception than were those who did not believe they could become pregnant. Also, it has been shown that teenagers who have high educational and career goals are far more likely to practice effective contraception.

New advances in contraception: On April 7, 1983 the Food and Drug Administration approved a new non-prescriptive sponge contraceptive for women. In clinical tests, the F.D.A. reported that the sponge was found to be about 85 percent effective in preventing pregnancy. Physicians feel that the sponge would be a significant addition to the contraceptive techniques available to women because it requires a minimum of planning and preparation. The sponge is believed to work in three ways: it releases a chemical that inactivates sperm; it may also block the cervix so that sperm cannot enter the uterus; and it is supposed to trap and absorb semen. The sponge had been found effective for 24 hours after insertion.

R. Perez, John Jay High School

Family Planning Methods of Contraception

METHOD	"THE PILL"	"MINI-PILLS"	INTRAUTERINE DEVICE (IUD)	DIAPHRAGM WITH SPERMICIDAL JELLY OR CREAM
WHAT IS IT?	Pills with two hormones, an estrogen and progestin, similar to the hormones a woman makes in her own ovaries.	Pills with just one type of hormone: a progestin, similar to a hormone a woman makes in her own ovaries.	A small piece of plastic with nylon threads attached. Some have copper wire wrapped around them. One IUD gives off a hormone, progesterone.	A shallow rubber cup used with a sperm-killing jelly or cream.
HOW DOES IT WORK?	Prevents egg's release from woman's ovaries, makes cervical mucus thicker and changes lining of the uterus.	It may prevent egg's release from woman's ovaries, makes cervical mucus thicker and changes lining of the uterus, making it harder for a fertilized egg to start growing there.	The IUD is inserted into the uterus. It is not known exactly how the IUD prevents pregnancy.	Fits inside the vagina. The rubber cup forms a barrier between the uterus and the sperm. The jelly or cream kills the sperm.
HOW RELIABLE OR EFFECTIVE IS IT?	99.7% if used consistently, but much less effective if used carelessly.	97-99% if used perfectly, but less effective if used carelessly.	97-99% if patient checks for string regularly.	About 97% effective if used correctly, and consistently, but much less effective if used carelessly.
HOW WOULD I USE IT?	Either of two ways: 1. A pill a day for 3 weeks, stop for one week, then start a new pack. 2. A pill every single day with no stopping between packs.	Take one pill every single day as long as you want to avoid pregnancy.	Check string at least once a month right after the period ends to make sure your IUD is still properly in place.	Insert the diaphragm and jelly (or cream) before intercourse. Can be inserted up to 6 hours before intercourse. Must stay in at least 6 hours after intercourse.
ARE THERE PROBLEMS WITH IT?	Must be prescribed by a doctor. All women should have a medical exam before taking the Pill, and some women should not take it.	Must be prescribed by a doctor. All women should have a medical exam first.	Must be inserted by a doctor after a pelvic examination. Cannot be used by all women. Sometimes the uterus "pushes" it out.	Must be fitted by a doctor after a pelvic exam. Some women find it difficult to insert, inconvenient, or messy.
WHAT ARE THE SIDE EFFECTS OR COMPLICATIONS?	Nausea, weight gain, headaches, missed periods, darkened skin on the face or depression may occur. More serious and more rare problems are blood clots in the legs, the lung or the brain, and heart attacks.	Irregular periods, missed periods, and spotting may occur and are more common problems with mini-pills than with the regular birth control pills.	May cause cramps, bleeding, or spotting; infections of the uterus or of the oviducts (tubes) may be serious. See a doctor for pain, bleeding, fever, or a bad discharge.	Some women find that the jelly or cream irritates the vagina. Try changing brands if this happens.
WHAT ARE THE ADVANTAGES?	Convenient, extremely effective, does not interfere with sex, and may diminish menstrual cramps.	Convenient, effective, does not interfere with sex, and less serious side effects than with regular birth control pills.	Effective, always there when needed, but usually not felt by either partner.	Effective and safe.

From DHEW Publication No. (HSA) 76-16030
For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402.

	SPERMICIDAL FOAM, JELLY OR CREAM	CONDOM ("RUBBER")	CONDOM AND FOAM USED TOGETHER	PERIODIC ABSTINENCE (NATURAL FAMILY PLANNING)	STERILIZATION
	Cream and jelly come in tubes; foam comes in aerosol cans or individual applicators and is placed into the vagina.	A sheath of rubber shaped to fit snugly over the erect penis.		Ways of finding out days each month when you are most likely to get pregnant. Intercourse is avoided at that time.	Vasectomy (male). Tubal ligation (female). Ducts carrying sperm or the egg are tied and cut surgically.
	Foam, jelly or cream contain a chemical that kills sperm and acts as a physical barrier between sperm and the uterus.	Prevents sperm from getting inside a woman's vagina during intercourse.	Prevents sperm from getting inside the uterus by killing sperm and by preventing sperm from getting out into the vagina.	Techniques include maintaining chart of basal body temperature, checking vaginal secretions, and keeping calendar of menstrual periods, all of which can help predict when you are most likely to release an egg.	Closing of tubes in male prevents sperm from reaching egg; closing tubes in female prevents egg from reaching sperm.
	About 90-97% effective if used correctly and consistently, but much less effective if used carelessly.	About 97% effective if used correctly and consistently, but much less effective if used carelessly.	Close to 100% effective if both foam and condoms are used with every act of intercourse.	Certain methods are about 90-97% if used consistently. Other methods are less effective. Combining techniques increases effectiveness.	Almost 100% effective and NOT usually reversible.
	Put foam, jelly or cream into your vagina each time you have intercourse, not more than 30 minutes beforehand. No douching for at least 6 hours after intercourse.	The condom should be placed on the erect penis before the penis ever comes into contact with the vagina. After ejaculation, the penis should be removed from the vagina immediately.	Foam must be inserted within 30 minutes before intercourse and condom must be placed onto erect penis prior to contact with vagina.	Careful records must be maintained of several factors: basal body temperature, vaginal secretions and onset of menstrual bleeding. Careful study of these methods will dictate when intercourse should be avoided.	After the decision to have no more children has been well thought through, a brief surgical procedure is performed on the man or the woman.
	Must be inserted just before intercourse. Some find it inconvenient or messy.	Objectionable to some men and women. Interrupts intercourse. May be messy. Condom may break.	Requires more effort than some couples like. May be messy or inconvenient. Interrupts intercourse.	Difficult to use method if menstrual cycle is irregular. Sexual intercourse must be avoided for a significant part of each cycle.	Surgical operation has some risk but serious complications are rare. Sterilizations should not be done unless no more children are desired.
	Some women find that the foam, cream or jelly irritates the vagina. May irritate the man's penis. Try changing brands if this happens.	Rarely, individuals are allergic to rubber. If this is a problem, condoms called "skins" which are not made out of rubber are available.	No serious complications.	No complications.	All surgical operations have some risk but serious complications are uncommon. Some pain may last for several days. Rarely, the wrong structure is tied off or the tube grows back together. There is no loss of sexual desire or ability in vast majority of patients.
	Effective, safe, a good lubricant and can be purchased at a drugstore.	Effective, safe, can be purchased at a drugstore; excellent protection against sexually transmitted infections.	Extremely effective, safe, and both methods may be purchased at a drugstore without a doctor's prescription. Excellent protection against sexually transmitted infections.	Safe, effective if followed carefully; little if any religious objection to method. Teaches women about their menstrual cycles.	The most effective method; low rate of complications; many feel that removing fear of pregnancy improves sexual relations.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To identify alternative actions for an unintended pregnancy.

Motivation: The teacher presents the following situation:

> Jane and John have been involved in a sexual relationship. They have not planned to marry nor do they feel enough affection to marry. Jane unintentionally becomes pregnant. She does not want to marry John and feels confused. John claims he wants her to have the baby and that he'll care for it. Jane's mother is encouraging her to have an abortion so she can finish school. Jane's father feels upset and disappointed and wants the two young people to marry. John's mother feels Jane must bear the child and give it to a worthy family for adoption. John's father believes foster care to be a better solution until the couple decides what they want.

The teacher then poses the following questions:

- Which solution do you like best? Why?
- Which solution do you like least? Why?
- What would you do if you were in this situation?

Strategies: **List:** the reasons for an unintended pregnancy. Determine how this could be prevented from reoccurring.

List: the possible options for an unintended pregnancy. What considerations should be given in deciding on the alternatives?

- Adoption (permanent new legal parents — biological parents release all rights)
- foster care (temporary care of child by others)
- mother keeps baby — (infant child care services are frequently available to those who need part-time child care)
- elective abortion (induced termination of pregnancy)

Discuss: religious viewpoints on abortion.

Discuss: the present laws concerning abortion.

Discuss: current developments in prenatal diagnosis and their implications for abortion issues.

Discuss: why abortion should not be considered a contraceptive device.

List: the people or community agencies that could provide assistance in the event of an unintended pregnancy.

Invite: a speaker to discuss alternatives to abortion, for example, a social worker from the Department of Social Service to discuss foster care.

Determine: the difference between an unintended pregnancy and an unwanted child.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

List: emotions related to unintended pregnancy. Discuss the variations in such emotions (*e.g.*, pride at ability to conceive vs. fear concerning responsibility).

React: to the following statement: Some men feel that since they play an equal part in conception, they should have an equal say on the abortion decision.

NOTE: While the courts have consistently recognized a man's interest in his partner's pregnancy, they have most often ruled on the side of women's rights, since it is she who must bear the consequences of that pregnancy.

Research: available adoption, abortion, or foster-care services in your community. What important questions should be considered before becoming involved with these facilities?

Write: a letter responding to your 14 year-old cousin who just wrote to say she's pregnant and needs advice. What suggestions would you have for your cousin?

Siobhan Sloan

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information:

OPTIONS FOR AN UNINTENDED PREGNANCY *

Adoption: In adoption, the biological or birth parents give up their rights and responsibilities to another person or family. Counselors in public and private agencies assist the biological parents in making a decision regarding options for an unintended pregnancy. If adoption is decided by the biological parents, an agency will place the child with a carefully selected family. Although the biological parents will not know the identity of the adoption family, an agency will respect their wishes for placement of the child.

When adoption is chosen as an option, it is recommended that the child be put up for adoption as soon after birth as possible, it is easier for the baby to be adopted when it is newborn, and it is easier for the biological parents to give up the baby before an emotional attachment develops.

(An excellent student resource about adoption is "Pregnant Too Soon: Adoption Is an Option," by Jeanne Warren Lindsay (see Bibliography, p. 268).

Foster care: This is the temporary placement of the baby with another family until the parent/s are ready to care for the child. Foster care is helpful to those parents who temporarily may be unable to care for their child, but believe they will be able to care for the child in the near future.

The child is placed in an approved foster home for a certain amount of time; the biological parents should be actively involved in the child's life during the period of foster care.

Mother keeps baby: Most adolescents are seriously unprepared for a baby's 24-hour needs. Problems that occur for all new parents are compounded for teenage parents. Most teens live with their parents and are socially, psychologically, and economically dependent.

If the teen keeps the baby, the question of who parents the baby—the mother or the grandmother—often becomes a crucial issue. Also, adolescent parents must set priorities concerning the baby's need for a mother's attention versus their own needs for companionship, school, or work.

The following questions should be considered when choosing to become a parent:

- Do you have the maturity to assume this responsibility?
- Are both the mother and father both ready and willing to participate in bringing up their child?
- Do you have support from people who are willing to help and listen?
- Do you have enough money for a comfortable place to live, food, clothing, toys, medical bills, baby sitters?
- Are you ready to change your life-style to make time for a baby?
- Do you feel worthwhile as a person and have your own interests?

Education for parenthood lends emotional support to teenage parents and teaches principles of child development and practical skills including those needed for homemaking.

*Adapted from *Adolescent Perinatal Health: A Guidebook for Services*, by the American College of Obstetricians and Gynecologists—Task Force on Adolescent Pregnancy, 1979; and *Changing Bodies, Changing Lives*, Ruth Bell, Random House, 1980.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information:

Abortion: Most information here is adapted from The American College of Obstetricians and Gynecologists' booklet, *Important Medical Facts About Abortion.*

Abortion Law: In 1973, the United States Supreme Court legalized abortion. During the first three months, the court left the decision up to the woman and her physician. The ruling also allowed individual states to regulate abortion during the second and third trimesters.

In New York State the law requires that:

- abortion be the woman's choice;
- it be performed by a licensed physician;
- after the twelfth week of pregnancy, it must take place in a hospital;
- and after the twentieth week, two physicians must be present.

In New York City, the law requires that the physician must have special training and experience in obstetrics or surgery. It is also recommended that even prior to the twelfth week, abortions take place in a state-licensed hospital or state-licensed free-standing clinic.

Methods of abortions: Here is a list of the commonly employed methods of pregnancy termination and a brief description of what is involved in each.

Suction abortion; Suction dilation and curettage (D&C); vacuum aspiration; menstrual induction; extraction or regulation: All of these terms are used to mean essentially the removal of the embryo/fetus and other contents of a uterus (womb) by some mechanical means. Today, suction (vacuum) is used for almost all abortions performed in the early stages of pregnancy. These methods are often referred to collectively as "early abortion." The time period during which one of these methods of abortion may be carried out varies in different circumstances. A common time that is used beyond which these methods are not employed is about 12 or 13 weeks from the first day of the last normal menstrual period—and with a uterus that is not enlarged to a size greater than would be consistent with that number of weeks. However, in some institutions this type of mechanical emptying of the uterine contents is performed even somewhat later in pregnancy.

In the earliest stages of pregnancy (up to seven or eight weeks), little or no mechanical opening (dilation) of the cervix (neck of the womb) may be needed along with the suction. Later, a larger suction instrument is required and thus more stretching or dilation of the cervix is required.

All of these abortions may be performed with no anesthesia, either local anesthesia, or general anesthesia ("going to sleep"). If general anesthesia is not used, various sedative-tranquilizer drugs may be given.

Saline (salt solution) or prostaglandin (PG) abortion: These methods are used for so-called "later abortions" and are generally applied to pregnancies 16 or more weeks beyond the first day of the last normal menstrual period. The method requires some local anesthesia in the lower abdomen to permit tapping of the amniotic fluid (the fluid around the developing fetus) and the insertion within the sac of either concentrated saline solution, the drug prostaglandin, the chemical compound urea, or some combination of

these agents. In either case, after a latent period (somewhat shorter with prostaglandin than with saline, as a rule) varying from minutes to 12 hours or so, the uterus begins to contract in a pattern that very much resembles labor. The contractions are moderately to severely painful, but pain-relief medication can be used freely. Most frequently, both the fetus and the placenta (afterbirth) are expelled through the vagina within a relatively short time (one or two hours) of each other. If the afterbirth does not follow rather promptly, or if there is heavy bleeding, it is necessary to perform an instrumental removal (D&C), usually under anesthesia, to complete the abortion process.

Hysterotomy or "little cesarean section": This is performed very infrequently and involves an abdominal incision, an incision into the uterus, and complete removal of the fetus and uterine contents. Thus it is a major abdominal operation.

Hysterectomy: This involves removal of the uterus and its contents. Since hysterectomy results in permanent sterilization, it is recommended only if there are other medical reasons for the hysterectomy (*e.g.*, fibroid tumors, cancer of the cervix) or, rarely, if unusual complications develop following one of the other methods of abortion.

Complications: The most common complications are hemorrhage and infection. The total complication rate, however, is about 5 percent for minor complications and 1 percent for major complications. If performed early (prior to the seventh week), the major complication rate is 0.25 per cent, or 1 in 400 cases.

In many serious and extreme cases where hemorrhage and infection do not respond to treatment, the complication would be controlled with hysterectomy. Modern treatment has reduced this risk to an extremely small figure. The risk of death is less than one-sixth of the risk due to childbirth.

In regard to later effects of elective pregnancy termination, there is no convincing evidence that an abortion limits future childbearing capabilities. Infertility may follow any pregnancy, whether carried to term or aborted, but is usually correctable by proper treatment. There is also no definite evidence that elective termination affects the outcome of future pregnancies (such as increasing the frequency of low-birth-weight or premature infants), but more thorough studies need to be done in these regards.

The emotional reaction to abortion may vary with the individual. Numerous scientific studies indicate that abortion *itself* usually does not cause significant emotional side effects.

Choosing a facility: If a woman has a choice of different pregnancy-termination services locally, it is generally preferable to choose one from which she can conveniently obtain comprehensive care throughout any complications. An abortion facility should offer the basic safeguards provided by hospital admission and have immediate hospital back-up. Abortions beyond the first trimester should be performed in a hospital.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To identify the different types of families.

Motivation: **Discuss:** The family is the backbone of society.

Strategies:

Define: family.

List: the ways in which the family is important to individuals and to society.

Describe: Have students, on a voluntary basis, describe their families.

Brainstorm: all the different family structures you can think of.

Define:
- traditional family
- extended family
- nuclear family
- single-parent family
- the reconstituted family

Small group discussion: Each group chooses a family from the above list and identifies possible problems with which that family might be confronted. Discuss possible solutions.

Fantasize: about your future family. Describe its size and nature. How does this family differ from your present family? Why do you wish such a family?

Family crisis: describe problems affecting the family (*e.g.*, alcoholism, drug abuse, death, divorce). How can family members help in such a crisis?

Role play: Choose a problem related to a particular family type and role play it with an appropriate solution (*e.g.*, in your reconstituted family you're being asked to share your bedroom with an offspring of your parent's mate).

React: A main function of the family is to help members reach their fullest potential. How can this be done?

Research: community facilities that assist with family problems.

Write: a short essay describing how your family is special and unique.

Discuss: whether you agree or disagree with the statements below:

- Each family member is an individual with individual needs.
- Even an infant is a person.
- Only blood relations are family.
- You don't have to like your family members but you must love them.
- You can choose your friends but not your family.

Diary: List your family members. Next to each, write the varied feelings you may have for them. Describe how you can express the feelings in a manner which can improve your family relationships.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information:

The Changing Family: Changes in American family structure have been fairly continuous since the first European settlement, but today these changes seem to be occurring extremely rapidly. The typical school-age child has a mother who works outside the home; divorce has increased over 700 percent since the turn of the century—more than one out of every two marriages ends in divorce, and many of these involve children. It is estimated that 40 percent of the children born in the 1970s and 1980s will spend a part of their childhood in a one-parent family, usually with their mother as head of the household.

Accompanying rising divorce rates and the attendant splitting up of the nuclear family groups, there are other significant changes in familial groupings. The proportion of first births to women who have no legal marriage has more than doubled since the late 1950s—and more than one million of these mothers are setting up their own households with their babies every year. There has been more than an eight-hundred percent increase in the number of single persons of the opposite sex living together in single households.

Television also plays a new role in the life of American children. By the age of eighteen, the average American child has spent more time watching television than in school or with his or her parents.

Over the last centuries, families have not only been reduced in size but changed in function as well. Institutions (day care, schools, etc.) with a great deal of technical expertise have evolved to take over functions previously assumed by parents.

An important difference between early American families and those today is that early families constituted economic units in which all members, from young children on up, played important productive roles within the household, *e.g.,* cultivating the land, cooking food, caring for domestic animals, spinning, weaving, and sewing.

In the course of the nineteenth century, all this began to change. The production of cash crops replaced agriculture intended chiefly to provide for the family. As commerce and factory work became more common, family members (especially fathers) went out to work for wages in factories and businesses.

In our time, the family economy has disappeared almost completely. Most adult family members work for pay, while children receive an education in the schools. Work and the family life are separate enterprises.

Another major change in family functions is the removal of education from the family. With the creation of the "common school" in the middle of the nineteenth century, formal education began to replace family education.

In addition to economic production and schooling, other "traditional" family functions have been largely taken over by people and institutions outside the family. Sociologists and historians have pointed to the family's shrinking role in the care of the aged, the poor, the imparting of basic religious attitudes and values, and the care of the sick.

As families have been shorn of many traditional roles with children, new expectations about children's needs have arisen and, along with them, new specialists and institutions to meet these expectations.

Adapted from Kenneth Keniston, *All Our Children: The American Family Under Pressure* (New York: Harcourt, Brace, Jovanovich, 1977). This book was commissioned by the Carnegie Corporation of New York and the Carnegie Council on Children. Kenneth Keniston is a professor of Human Development at Massachusetts Institute of Technology.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Teacher Information (continued):

While there have been significant shifts in traditional family functions, some needs and tasks appear even more concentrated in families of today than in the past. Among these is fulfilling the emotional needs of parents and children. Expectations of sharing, sexual compatibility, and temperamental harmony in marriage have risen as other family functions have diminished.

"Parents who are secure, supported, valued, and in control of their lives are more effective parents than those who feel unsure and who are not in control. Parents still have the primary responsibility for raising children, but they must have the power to do so in ways consistent with their children's needs and their own values."

Leslie Sloan

High School 179

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To recognize that education for sexuality is a lifelong process.

Motivation: When do you think sex education should begin?

Strategies: **Discuss:** Who should educate children about sex? Why? When does sex education end?

Write: five statements beginning with, "In this class I learned . . ."

Discuss: some things you learned about making personal decisions relating to sexual behavior.

Small groups: Brainstorm changes needed in society that would help produce more sexually healthy individuals. List on board and discuss. Some examples are:

- avoidance of myths and stereotyping
- freedom to express affection
- development of resources providing information on sex and sex- related matters
- reduce "sexploitation"

Discuss: the relationship between sexuality and responsibility. Give examples.

Write: a "Dear Me" letter explaining to yourself the important things which you would like to remember and practice through your life.

Research: Create a booklet of resources that one can contact if help is needed in the future.

View: film, *Parent to Child about Sex* (see Bibliography, p. 277).

Teacher Information:

Education for sexuality:

- is a lifelong process.
- begins at birth and continues throughout one's life.
- should involve acquiring new information, evaluating information, making decisions responsibly, and clarifying one's personal values.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To recognize the need of physically disabled persons for adult relationships.*

Motivation: Think of all the couples you know who appear to have good love relationships (*e.g.*, parents, older siblings, friends, neighbors). What is it that seems to make them work? What is it that the partners seem to like in each other? How important are common interests? Common values? Common styles of dealing with every day living tasks? If the students don't raise the topic of appearance, ask them how important this is. After they have had a chance to respond, make a statement such as the following: "There are some people whose appearance is different in some ways because they have physical impairments. We are going to look at what this means for the fulfillment of the basic need for love relationships in adulthood."

Strategies: **Read:** the passage which follows to the class, after telling them that it comes from an autobiography written in 1942 by a woman who was physically impaired. She had a spinal curvature which resulted in a hump on her back and extremely small stature.

> *When we were all young there was much pleasant talk and speculation concerning the current love affairs and the probable sentimental fate of my brothers and sisters and their friends, but nobody ever said, "When Katherine gets married," or, "Why hasn't Kitty got a beau yet?" or, "We must get a beau for you, Kitty." I lived inside my cage, close to the others, among them, touching them, laughing and talking with them; yet by an unspoken understanding it was taken for granted that I was not to have what was apparently considered the most important experience in grown-up life* (K. Hathaway. *The Little Locksmith.* New York: Curtis, 1971, p. 162).

*This content on the handicapped has been adapted from *Science and Health Education Perspectives on the Handicapped* by The Special Education Development Center at Hunter College of New York: Project Director—Shirley Cohen. The New York State Education Department, Office for the Education of Children with Handicapping Conditions published this report in 1981.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Discuss: Ask the students the following questions:

1. Why didn't anyone in Katharine's family ever talk about her getting married or having a boyfriend? (They didn't expect anyone to perceive her as a possible love partner.)
2. What effect do you think this situation had on Katharine's image of herself? (She accepted the view that she could not expect love.)

Read: After the students have had a chance to respond to question No. 2, tell them that you will read another passage which shows what did happen to Katharine. Then read the passage which follows.

> *I thought of sexual love as an honor that was too great for me—not too great for my understanding and feeling, but much too great and too beautiful for the body in which I was doomed to live. I had heard people laugh and talk about grotesquely unbeautiful women who had the absurd effrontery to imagine that men were in love with them . . . In my secret meditations, I pitied them because I understood, what nobody else could have guessed, how easily they could forget the cruel discrepancy between their desirous hearts and their own undesirableness . . . I had sworn that I never for one instant would forget the fearful discrepancy in my own case . . . I never would be caught either pathetically or ridiculously imagining that anyone was or ever could be in love with me.* (K. Hathaway. *The Little Locksmith.* New York: Curtis, 1971, pp. 59-60).

Discuss: Lead a discussion of the passage with the students as follows:

1. Was the person who wrote this (Katharine Hathaway) right? Is it ridiculous for a person with a serious physical impairment to think that anyone could love her or him? (Cues: Can a person with a severe spinal curvature which left her with a hump on her back and caused her to be only about four feet tall, such as Katharine Hathaway's, hope or expect a love relationship? Can a person who is a quadraplegic—paralyzed in all four limbs—hope for or expect a love relationship?
2. Who might love a person with a severe physical impairment like Katharine Hathaway's? (Could a person who was not physically impaired love someone who was severely physically impaired?)
3. What might be the effect of Katharine Hathaway's feelings about herself on her actual chances of finding a love relationship? (She would probably be too afraid to seek such a relationship or to respond to someone else's overtures to her.)

Conclude the discussion of the passage with a statement to the effect that: "Katharine Hathaway felt herself unworthy of love because her body was misshapen. It is a view that was communicated to her by society, and that was largely accepted by physically impaired persons until recently. Today the situation is changing. Physically disabled people are beginning to seek out love relationships. They do not accept the view that sexual love is for the able-bodied only. They see marriage and parenthood as their right."

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Expected Outcome: To describe why an able-bodied person might marry a severely physically impaired individual.

Motivation: Read the following vignette to the class:

> *Linda and Bob have been dating regularly for a long time. Bob uses a wheelchair. One of Linda's friends says to her, "Linda, I think you are a wonderful person for dating Bob so long. I really admire you. But you're not going to marry him, are you? Do you really want to live the rest of your life without sex?" (Free Wheeling.* Washington, D.C.: Regional Rehabilitation Institute on Attitudinal, Legal and Leisure Barriers, 1978, p. 11.)

Strategies: **Discuss:** Ask the students what assumptions lie behind Linda's friend's statements, and what is wrong with these assumptions. (Linda's friend assumed that Linda was dating Bob out of kindness. Linda was probably dating him because she liked him. Linda's friend assumed that a person who needs to use a wheelchair can't have sexual relations. This is often not true.)

Expected outcome: To recognize that disabled persons can be effective parents.

Motivation: Some people feel uncomfortable with the idea of severely disabled individuals having children. Why might some people feel this way?

Strategies: **Discuss:** What actual difficulties might some physically disabled parents have in raising children?

Examples:

(a) If the mother (or main caregiving parent) is in a wheelchair, she (he) may have trouble implementing some of the care of an infant, e.g., picking the baby up from the crib, filling the baby's bath.

(b) If the mother has very poor hand control she may have difficulty with aspects of dressing the baby or handling a squirming baby.

(c) Parents who cannot move fast or move up and down stairs may have trouble with toddlers who get to places they shouldn't.

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Discuss: How can these problems be handled?

(a) Not all disabled persons are equipped to be parents. In some cases parenthood is not advisable because the potential parents wouldn't be able to cope with it. But the general coping ability of the potential parents may be as important a factor as their disabilities, because resourceful couples that cope well in general find ways of dealing with the special problems involved in being a disabled parent.
(b) Adapted furniture and equipment are sometimes needed.
(c) Friends, neighbors and relatives may be needed to help from time to time. Husbands may become more involved in the child care when the wife is disabled.
(d) Verbal guidance and control are often substituted for direct physical care and control.

Read: the passage below from "Tips on Raising Children from a Wheelchair" by V.M. Dunn, *Accent on Living*, 1978, 22(4), 78-83.

> *"The most crucial battle of wits came when Cheryl was about 18 months old. She couldn't resist the urge to explore an upstairs door which had inadvertently been left open and headed upstairs as fast as she could go, "heedless to my protest as I sat helplessly at the bottom.*
>
> *"How frustrated I felt as she turned around and sat on the very top step and with a mischievous grin taunted, 'You can't get me, you can't get me!'*
>
> *"Silently I breathed a prayer, then calmly, with as much authority as I could muster, I said, 'Don't move, stay right where you are until I tell you to move.' Each time she started to budge either up or down, I demanded, 'No, don't you move.'*
>
> *"She sat at the top of the stairs with me at the bottom for what seemed like hours, then started to cry and call, 'Please Mommy, I come down?' 'No, not yet!' I forced myself to say. Finally I allowed her to come down, and she crawled up on my knee as I told her she must never go up there again. The lesson was successful . . ." (pp. 81-82).*

CONCEPT: ***Starting and maintaining a family involves responsibility.***

Discuss: how this paraplegic mother compensated for her physical disability in protecting the safety of her child. (The use of verbal authority (psychological control) as a substitute for physical control.)

Discuss: What characteristics may children of physically disabled parents develop to a greater extent than many other children? (Independence and self-reliance.)

Read: the excerpts below (Dunn, *op. cit., p. 82*):

> ***"Tying Cheryl's laces meant she had to climb upon my lap or hold her foot up so I could reach it. Consequently, she was eager for tying lessons. By age 2½ she could put on her snowboots and snowsuit, needing help only with zippers . . . By about age five she was washing her own hair in the bathtub."***

Concluding statement: Whether disabled persons make good parents seems to depend pretty much on the same factors as whether anyone makes a good parent—is the marriage a good one? Do parents cope well in general? Are they willing to undertake the special demands and responsibilities of parenthood?

Appendices

Appendix A

A Selection of Statements In Support of a Program In Family Living Including Sex Education

American Library Association

THEREFORE, BE IT RESOLVED, That the American Library Association hereby affirms the right of youth to comprehensive, sex-related education, materials, progams, referral and health services of the highest quality.

—Adopted by the Council of the ALA, January 26, 1978.

American Medical Association

RESOLVED, That the American Medical Association recognizes that the primary responsibility for family life education is in the home and additionally supports the concept of a complementary family life and sex education program in the schools at all levels, at local option and direction; such programs should (1) be part of an overall health education program, (2) be presented in a manner commensurate with the maturation level of the students, (3) have professionally developed curricula, (4) include ample involvement of parents and other concerned members of the community, and (5) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training.

—Adopted by the AMA House of Delegates, July 1980

American Public Health Association

The American Public Health Association urges parents, churches, school personnel, and community groups to work toward strengthening their school systems in their efforts to develop informed, well-adjusted, and productive citizens by placing sex education and family life as an integral part of total education, and further that schools of higher education be charged with sound preparation of teachers of family life and sex education.

—Resolution adopted by the APHA, 1969

American School Health Association

The Association reaffirms its support for sex education programs in the schools that (1) recognize that primary responsibility for family life and sex education rests with the home; (2) are organized as part of the total school health education program; (3) are presented with proper consideration for the maturation levels of students; (4) follow a professionally developed curriculum with continuing involvement and education of parents; (5) are based upon a system of values delineated by community representatives comprised of parents, physicians, educators, the clergy and other appropriate groups; and (6) utilize classroom teachers and other professionals who have an aptitude for working with your people and who have received special preparation in this area.

—Resolution adopted by the ASHA, 1969

Girls Clubs of America

Girls Clubs of America, as a national direct service and advocacy organization, affirms its belief in the right of girls and young women to age-appropriate, comprehensive and accurate sexuality information.

Recognizing that the primary source of such information should be the family, GCA believes that social agencies and schools should provide girls and their families with assistance by offering sexuality education which will support the development of responsible personal values. Sensitive, responsive, age-appropriate programming, developed with girls and parents and drawing upon appropriate community resources and services, can provide a solid framework for responsible, confident decision-making. We believe that such a positive approach to sexuality education by schools and social agencies will reinforce parental guidance and lead to responsible behavior.

—Adopted by the Council of GCA, April 26, 1981

Interfaith Statement by the United States Catholic Conference, National Council of Churches, Synagogue Council of America

Human sexuality is a gift of God, to be accepted with thanksgiving and used with reverence and joy. It is more than a mechanical instinct. Its many dimensions are intertwined with the total personality and character of the individual. Sex is a dynamic urge or power, arising from one's basic maleness or femaleness, and having complex physical, psychological and social dimensions. These dimensions, we affirm, must be shaped and guided by spiritual and moral considerations which derive from our Judeo-Christian heritage. The heritage teaches us that the source of values to guide human behavior is in God.

The sexual attitudes of children develop as part of their general social attitudes. Furthermore, respectful and considerate sexual attitudes help create healthy social attitudes. When the family and society view sex as loving and fulfilling, rather than prurient and exploitative, then both the social and sexual attitudes of children benefit. A healthful approach to sexual relations, willingness and ability to impart sexual information in a manner proportionate to the child's stage of development — these are among the elements which foster healthy sexual attitudes and behavior in the young. So, also, is resistance to social pressures which in some instances lead to premature sophistication or unhealthy attitudes in young people.

Responsibility for sex education belongs primarily to the child's parents or guardians. A home permeated by justice and love is the seedbed of sound sexual development among all family members. Both the attitudes and the activities of the parents — toward each other and toward each child as an individual — affect this development. Healthy attitudes toward sex begin in the child's earliest years; they can best develop in an atmosphere that fosters in him a deep sense of his own self-worth, bolstered by love and understanding.

Sex education is not, however, only for the young; it is a life-long task whose aim is to help individuals develop their sexuality in a manner suited to their stage of life.
We recognize that some parents desire supplementary assistance from church or synagogue and from other agencies. Each community of faith should provide resources, leadership and opportunities as appropriate for its young people to learn about their development into manhood and womanhood, and for adults to grow in understanding of their roles as men and women in family and society in the light of their religious heritage.

In addition to parents and the religous community, the school and other community agencies can have a vital role in sex education in two particular ways:

1. They can integrate sound sexual information and attitudes with the total education which the child receives in social studies, civics, literature, history, home economics and the biological and behavioral sciences.

2. They can reach the large number of young people whose families have no religious identification but who need to understand their own sexuality and their role in society.

For those who would introduce sex education into the schools, however, the question of values and norms for sexual behavior is a problem — indeed, the most difficult problem. It is important that sex education not be reduced to the mere communication of information. Rather, this significant area of experience should be placed in a setting where rich human, personal and spiritual values can illuminate it and give it meaning. In such a setting, we are convinced it is not only possible but necessary to recognize certain basic moral principles, not as sectarian religious doctrine but as the moral heritage of Western civilization.

The challenge of resolving this problem of values in a pluralistic society makes it all the more imperative that communities planning to introduce sex education into the schools not only call upon educators to become involved in decisions about goals and techniques, but also invite parents and professionals in the community to take part in shaping such a curriculum.

To those groups responsible for developing school and community programs in sex education we suggest the following guidelines:

a) Such education should strive to create understanding and conviction that decisions about sexual behavior must be based on moral and ethical values, as well as on considerations of physical and emotional health, fear, pleasure, practical consequences, or concepts of personality development.

b) Such education must respect the cultural, familial and religious backgrounds and beliefs of individuals and must teach that the sexual development and behavior of each individual cannot take place in a vacuum but are instead related to the other aspects of his life and to his moral, ethical and religious codes.

c) It should point out how sex is distorted and exploited in our society and how this places heavy responsibility upon the individual, the family and institutions to cope in a constructive manner with the problem thus created.

d) It must recognize that in school sex education, insofar as it relates to moral and religious beliefs and values, complements the education conveyed through the family, the church or the synagogue. Sex education in the schools must proceed constructively, with understanding, tolerance and acceptance of difference.

e) It must stress the many points of harmony between moral values and beliefs about what is right and wrong that are held in common by the major religions on the one hand and generally accepted legal, social, psychological, medical and other values held in common by service professions and society generally.

f) Where strong differences of opinion exist on what is right and wrong sexual behavior, objective, informed and dignified discussion of both sides of such questions should be encouraged. However, in such cases, neither the sponsors of an

educational program nor the teachers should attempt to give definite answers or to represent their personal moral and religious beliefs as the consensus of the major religions or of society generally.

g) Throughout such education human values and human dignity must be stressed as major bases for decisions of right and wrong; attitudes that build such respect should be encouraged as right, and those that tear down such respect should be condemned as wrong.

h) Such education should teach that sexuality is a part of the whole person and an aspect of his dignity as a human being.

i) It should teach that people who love each other try not to do anything that will harm each other.

j) It should teach that sexual intercourse within marriage offers the greatest possibility for personal fulfillment and social growth.

k) Finally, such a program of education must be based on sound content and must employ sound methods; it must be conducted by teachers and leaders qualified to do so by training and temperament.

The increased concern and interest in this vital area of human experience now manifested by parents, educators and religious leaders are cause for gratitude. We urge all to take a more active role — each in his own area of responsibility and competence — in promoting sound leadership and programs in sex education. We believe it possible to help our sons and daughters achieve a richer, fuller understanding of their sexuality, so that their children will enter a world where men and women live and work together in understanding, cooperation and love.

—Drafted by the Interfaith Commission on Marriage and Family Life created by the three sponsoring organizations, June 8, 1968

National Council on Family Relations

The National Council believes that there is presently an urgent need for schools, churches, and other social institutions to develop quality family life programs for children, youth, and their parents. Such programs require the development of family life materials based on scholarly research. The leaders should be prepared to utilize such materials and to relate meaningfully to others. These programs should be aware of and sensitive to the various moral viewpoints involved in this field. The content and type of presentation should be adjusted to the age and developmental level of the individuals involved.

One important aspect of family life education is sex education. Sex education is much more than a focus on the biological and physical aspects of sex or the physiological processes of sexual development. It is this narrow and inadequate definition which education in family life seeks to change. Adequate sex education provides individuals with current and reliable information about their own physical and emotional development so that they may better understand themselves and be more capable of relating to others as total human beings in honest and responsible ways.

The National Council on Family Relations recommends that comprehensive and sequential family life programs, which include sex education, should be a planned portion of the regular curriculum from pre-school through college. It further recommends that these programs should actively involve parents and that adult family life programs should also be developed.

—Approved as an official NCFR position in a membership referendum conducted in 1979

National Education Association

The National Education Association believes that sex education that provides children and youth with information appropriate to their age is basic to healthy, well-adjusted mental attitudes. It also believes that the public school must assume an increasingly important role in providing this instruction and that teachers must be qualified to teach in this area.

The Association urges that courses in sex education and parent orientation regarding courses be developed with care and that classroom teachers who teach the courses be legally protected from irresponsible censorship.

The Association urges its affilitates and members to support appropriately established sex education programs, including information on birth control, venereal disease, incest and sexual abuse, and problems from preteen and teenage pregnancies.

—Statement adopted by the NEA, 1974

The University of the State of New York
The State Education Department

Our children are exposed daily to information and misinformation about sex. In the home, on the street, in theatres, newsstands, and anywhere they can be reached,they are bombarded by communications media with sex and sex-related material. The accumulated effect is confusing and distorted. Messages designed to attract attention or sell products can hardly guide a maturing adolescent along an enlightened and responsible path.

The schools, through science education programs, have long provided students with information on the physical aspects of sex, and home economics classes provide girls various degrees of information and guidance relating to menstruation and family living. Some districts have gone so far as to pioneer special programs for pregnant girls, or entire elective courses called sex education or family living. These efforts tend to be deficient in their neglect of the psychosocial aspects of sexuality and family living and interpersonal relations. Elective courses, while they may be comprehensive, do not reach all students, and tend to be more costly and time-consuming than may be required to meet students' basic needs.

Sex education is not required by law or Commissioner's Regulations and its inclusion in the school curriculum is a matter for school board consideration. The Division of Health and Drug Education Services *recommends* that instruction that is designed to combat misconceptions children receive from other sources, and develop mature, responsible attitudes and behaviors regarding sexuality and family living, and interpersonal relations, should be included as in integral part of the school health education curriculum. Organizations supporting the school's essential role in this aspect of child development include The American College of Obstetricians and Gynecologists, The American Medical Association, The American Public Health Association, The National Congress of Parents and Teachers, The National Council of Churches, Synagogue Council of America, and the U.S. Catholic Conference. There is a responsibility here for educators to assist parents and clergy in performing this very complicated and delicate task.

While we may justify the essential role of our schools in providing family living and sex education programs, the means by which we implement such programs must be as responsible as our decision to offer them. Since instruction relating to the development of sex and family living values is

apt to alarm some parents and communities, we must insure that programs allow for individual differences and are designed for maximum input from parent and community sources. With the above in mind we have adopted the following recommended policies toward school programs for sex education and family living:

-the program should be carefully planned in a form that is adapted to meet local needs. This is particularly important in our state where there is such a wide variety of demographic conditions and individual and social values.

-parents, clergy, and other community groups should be involved in the form of a Citizen's Advisory Committee, in program planning and in curriculum and materials review. They should be kept informed regarding all developments in the program.

-school officials should only consider implementation of these programs where the teaching staff has both adequate preparation ad the requisite desire to become involved in such a program. A teacher who is not comfortable discussing sexual attitudes with students, for example, should never be required to do so. Where there is a need, and willing but inadequately prepared teachers, school officials should make every effort to provide teachers with opportunities to attend workshops.

-these programs should be implemented as an integral part of the school health curriculum, under the category of Mental Health.
they should employ a psychosocial methodology, emphasis being placed on the development of responsible attitudes and behavior.

-a student-centered approach should be used rather than a lecturing or moralizing ap-, proach so that students have maximum opportunity to examine their feelings, attitudes and values.

-classes, as other health classes, should be coeducational. Education for development of responsible social values requires a mutual understanding of relationships and interactions between people of both sexes. Separate classes for boys and girls create an artificial social situation that 1) does not provide for this interaction in the controlled classroom setting and 2) is not relevant to the real social conditions of life.

-student participation in this aspect of the health program should not be obligatory; where parents wish to have their children excused from participation, the school board should devise a policy for excusal.

Finally, we should document, evaluate, and publicize our successful programs. Lessons learned through a program implemented in one district can ease implementation of more effective programs in other districts. We can be immensely helpful here both in improving each other's programs and in gaining added support for our own efforts.

—Memorandum, Bureau of Health Education, September 29, 1975

Planned Parenthood Federation of America

Learning about sexuality and reproduction occurs first in the home. However, religious institutions, schools, youth-serving agencies, and health care providers, share with parents the obligation of assuring that young men and women obtain sufficient knowledge at appropriate times to make responsible decisions consistent with personal values about sexaul behavior and childbearing.

—Statement adopted by PPFA membership, October 2, 1960

Sex Information and Education Council of the U.S.

SIECUS supports sexuality education in the public schools. Programs conducted by specially trained educators add an important dimension to the sexuality education given children by their families and religious and community groups. Such programs must be carefully formulated by each community in order to respect the diversity of values and beliefs represented in a public school classroom. SIECUS recommends that school personnel, in consultation with community representatives including parents, clergy, and health care professionals, plan and implement public school sexuality education programs with curricula and resources appropriate to the ages of the students.

—Statement approved by SIECUS Board of Directors, November 13, 1981

Society for Adolescent Medicine

The Society for Adolescent Medicine strongly endorses that States mandate the teaching of Health and Sex Education from kindergarten through 12th grade, as part of the overall curriculum in schools. Critical to the effectiveness of such programs is the proper training of personnel involved in teaching them.

—Position statement adopted by ASM membership, 1972

Young Women's Christian Association

Public Policy Position on HUMAN SEXUALITY: Assistance (should be given) to schools in accepting the responsibility for providing sound education in human sexuality as an integral part of the school curriculum.

—Adopted by National Board YWCA, 1976; revised May 1981

Appendix B

A Sample Letter to Parents

Date: _____

Dear Parent/Guardian:

Our school is developing a program in Family Living including Sex Education following the guidelines recommended by the New York City Board of Education. Selected teachers have been trained in the program. The philosophy of the program stresses:

- The awareness and importance of family, religious, and moral values in making personal decisions
- Understanding the need for consideration, love, respect, and responsibility in family life
- Recognizing responsibilities to the school, the community, and society.

An Advisory Committee, composed of parents, teachers, and supervisors has been formed for our school. This committee will review the curriculum each year on an on-going basis. We believe it is most important that our pupils begin at an early age to develop a responsible attitude toward family life and an understanding of sexuality as it relates to wholesome living.

We also recognize that you, as parents, have the major responsibility for the formation of desirable attitudes toward family living and sex education. The role of the school is to support your efforts. We have the professional resources to create a comprehensive, sequential and up-to-date program that will assist your child in developing these important life attitudes. The course contents, books and audio-visuals for this program have been carefully screened. Every effort is being made to meet the varied needs and interests of our children.

We invite you to join with us in developing our school program. Our first parent workshop has been scheduled for _____ (date) at _____ (time) in room _____. You are invited to review our course of study and the instructional materials. You are also welcome at any time to discuss this program with me or with your child's teacher.

Your interest and cooperation, as evidenced by the return of the tear-off below, is very valuable to us. The response form also allows you the option of having your child excused from the program.

Sincerely,

Principal

----------tear here----------

Please return to _____ on or before _____

☐ I would like to have my child excused from the Family Living/Sex Education program.

☐ I can
☐ I cannot } attend the parent workshop

☐ I would like to work with the Family Living/Sex Education Committee.

I would like an appointment to speak with
☐ my child's teacher ☐ the principal

Parent/Guardian Signature _____ Date _____

Appendix C

Clinic Services: New York City

ABORTION
FAMILY PLANNING
NEONATAL INTENSIVE CARE RECEIVING UNIT
PREGNANCY DETERMINATION
PRENATAL CARE

Information Regarding the Attached Directory of Clinic Services

Services included in this listing are those located in hospitals or in free standing clinics which have been issued an operating certificate from the New York State Department of Health.

LIAISON. Referring agencies are advised to open individual lines of communication to administrative, medical, nursing and/or social service personnel at the provider agencies so that patients requiring intervention for management of special situations (e.g., lack of financial resources, drug use, illness during pregnancy, lack of parental consent, etc) receive care as needed.

TELEPHONE NUMBERS given are those of the hospital/clinic switchboard or the family planning clinic. It is to be expected that many changes will occur in services offered, telephone numbers and referral procedures after this listing has been printed.

GEOGRAPHIC LIMITATIONS AND ELIGIBILITY, if any, are not indicated for services in this listing. Some agencies do have geographic limitations. Since policies of most agencies vary and change periodically, no attempt has been made to include such information.

FINANCIAL REQUIREMENTS are not indicated. Nearly all facilities accept Medicaid patients. Some have a sliding scale for patients who are not covered by Medicaid or are Medicaid eligible. Some ambulatory services may be free, but policies are subject to change. Patients who have financial difficulties should not be discouraged by their initial contact with the persons who answer the telephone, but should request an interview with a social worker at the health facility.

PREGNANCY TESTING SERVICES are offered in all hospital and free-standing clinic settings. However, the policies and procedures such as prior registration in the clinic and fees may vary.

PREMATURE CENTERS OR NEONATAL INTENSIVE CARE UNITS (NICU) are approved for care of newborns at risk owing to low birth weight, prematurity or other jeopardizing conditions.

ADOLESCENT SERVICES. For some of the services offered to adolescent patients, parental consent may be required. Consent policies do vary with respect to current New York State laws.

The following telephone numbers will also be useful to persons using this directory:

Bureau of Maternity Services and Family Planning, Department of Health, 566-7076
Bureau for Handicapped Children, Department of Health, 566-8084
Citywide Council for Community Family Planning, (Formerly HRA Family Planning) 924-1401
Infant Transport Service, 561-5736
Maternity and Infant Care (Family Planning Projects), 267-0900
Venereal Disease Information, Department of Health, 566-7686
Visiting Nurse Service of New York, 794-9200
Visiting Nurse Association of Brooklyn, 636-7582

Prepared by: Bureau of Maternity Services and Family Planning, New York City Department of Health, May 1981.

Borough: Bronx

Health District: Fordham-Riverdale

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Women's Health Center of Montefiore 60 East 208th St., 10467 920-4066	V	X		X		
		No special services for adolescents				
Montefiore Hospital and Meidcal Center 111 East 210th St., 10467	V	X		X		
		Special services for adolescents				

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Bronx

Health District: Monteray Tremont

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Tremont Family Planning Clinic 1826 Arthur Ave., 10457 294-5891, 5892	MIC	X	No special services for adolescents		X	
Women's Community Health Clinic 910 E. 172 St., 10460 991-9250	CFPC	X	Free for under 21 Special services for adolescents		X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough:	Bronx					
Health District:	Morrisania	CLINIC SERVICES				
Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Bronx-Lebanon Hospital 1309 Fulton Ave/1650 Grand Concourse 294-7100	V	X		X	X	
		Special services for adolescents				
Montefiore/Morrisania Comprehensive Health Care Center 230 East 162nd St., 10451 992-9265	HHS	X	X		X	
		Special services for adolescents				
Dr. Martin Luther King, Jr. Health Center 3674 Third Ave. (170th St.), 10456 960-2122 (adolescent unit)	HHS	X	X		X	
		Special services for adolescents				
Morrisania N.F.C.C. 1235-37 Gerard Ave., 10452 960-2981	HHC	X	X		X	
		No special services for adolescents				
Morrisania Maternity & Family Planning Center 1316 Fulton Ave., 10456 589-0606	MIC	X	X		X	
		Special services for adolescents				

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Bronx

Health District: Mott Haven

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Bronx Planned Parenthood Center 349 East 149th St., 10451 292-8000	PPNYC	X		X	X	
Hunts Point Multi-Service Center 661 Cauldwell Ave., 10455 993-3800	HHS	X	X Special services for adolescents		X	
Hunts Point Women's Community Clinic 954 Westchester Ave., 10459 991-9250, 9251	CFPC	X	No special services for adolescents		X	
Lincoln Hospital 234 East 149th St., 10451 579-5000	HHC	X	X Special services for adolescents	X	X	
Segundo Ruiz Belvis Neighborhood Family Care Center East 142nd St. & St. Ann's Ave., 10451 993-4400	HHS	X	X		X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Bronx**

Health District: **Pelham Bay**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Misericordia Hospital 600 East 233 St., 10466 920-9000	V	X	X	Natural only		
			No special services for adolescents			
North Central Bronx 3424 Kossuth Ave., 10467 920-7666 (adolescent and pregnancy program)	HHC	X	X	X	X	
			Special services for adolescents			
Comprehensive Family Care Center 1175 Morris Park Ave., 10461 597-8500	C&Y	X	X		X	
			Special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Bronx

Health District: Westchester

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Bronx Municipal (Jacobi) Hospital Pelham Parkway So. & Eastchester Rd., 10469 430-8580 (Adolescent services)	HHC	X	X	X	X	X
			Special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Brooklyn** *Health District:* **Bedford**		**CLINIC SERVICES**				
Name and Address of Facility	**Auspices**	**Pregnancy Determ.**	**Pre-Natal**	**Abortion**	**Family Planning**	**NIC Receiving Unit**
Bedford Maternity & Family Planning Center 1360 Fulton St., 11221 638-8200	MIC	X	X		X	
			Special services for adolescents			
Charles Drew Neighborhood Health Center 1531-39 St. Marks Ave., 11233 495-7519 (Saratoga Health Unit)	HHS	X	X		X	
			Special services for adolescents			
Community Family Planning Clinic of Caribbean House 1167 Nostrand Ave., 11225 778-0198	CFPC	X			X	
			No special services for adolescents			
Downstate Medical Center 470 Clarkson Ave., 11203 270-2460	V	X	X	X	X	X
East New York NFCC 2094 Pitkin Ave., 11207 495-7000 (Affiliated with Kings County Hospital)	HHC	X	X		X	
			Special services for adolescents			
Kings County Hospital 451 Clarkson Ave., 11203 735-3131 Prenatal: 735-2354 Family Planning: 735-2377 Gyn. Clinic: 735-2407	HHC	X	X	X	X	X
			Special services for adolescents			
St. John's Episcopal Hospital (Ambulatory Care Unit) 480 Herkimer St., 11213 467-7000	V	X	X	X	X	
			Special services for adolescents			
St. Mary's Hospital 1298 St. Marks Ave., 11213 774-3600	V	X	X			
			Special services for adolescents			
Troy Avenue Health Unit (Charles Drew Neighborhood H.C.) 728 East New York Ave. 495-7555	HHS		X		X	
			Special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Brooklyn

Health District: Bushwick

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Bushwick Maternity & Family Planning Center 335 Central Ave., 11221 443-9300	MIC	X	X	Special services for adolescents	X	
Wyckoff Heights Hospital 374 Stockholm St., 11237 963-7671	V	X	X	X	X	
			No special services for adolescents			
Bushwick Family Health Center of St. John's Episcopal Hospital 1420 Bushwick Ave., 11207 455-8100	V	X	X		X	
Mid-Brooklyn Health Association 1228-1232 Broadway, 11221 443-6300	CFPC	X	X		X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Brooklyn

Health District: Brownsville

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Brookdale Hospital Maternal Health Clinic 1235 Linden Blvd., 11212 240-5214	V	X	X	X	X	
			Special services for adolescents			
Brownsville Maternity & Family Planning Center 259 Bristol St., 11212 498-1001	MIC	X	X		X	
			Special services for adolescents			
United Parents Family Planning 1011 Sutter Ave., 11208 277-8303, 8304	CFPC	X			X	
			No special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Brooklyn**

Health District: **Red Hook-Gowanus**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Planned Parenthood N.Y.C. Boro Hall Center 44 Court St., 11201 858-1819	PPNYC	X		X	X	
			Special services for adolescents			
Long Island College Hospital 340 Henry St., 11201 780-1717 Gyn. Clinic: 780-1666	V	X	X	X	X	
			No special services for adolescents			
South Brooklyn Multi-Purpose Council 141 Nevins St., 11217 855-2643	CFPC	X			X	
			No special services for adolescents			
South Brooklyn Health Center 120 Richards St., 11231 834-8202	HHS	X	X		X	
			No special services for adolescents			
Red Hook/Fort Greene Prenatal-Family Planning Center 295 Flatbush Ave., 11201 520-1144	MIC	X	X		X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Brooklyn

Health District: Sunset Park

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Lutheran Medical Center 150 55th St., 11220 630-7000, 630-7239	V	X	X	X	X	
			Special services for adolescents			
Maimonides Hospital 4802 Tenth Ave., 11219 670-7679	V	X	X	X	X	
			Special services for adolescents			
Methodist Hospital 506 Sixth St., 11212 780-3519	V	X	X	X	X	
			No special services for adolescents			
OB-Gyn Associates 999 Third Ave. 788-1919		X		X		
			No special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Brooklyn**

Health District: **Williamsburgh-Greenpoint**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Greenpoint Hospital 300 Skillman Ave., 11211 387-3010	HHC	X	X	X	X	
			Special services for adolescents			
CABS 94 Manhattan Ave., 11206 388-0390	CFPC	X			X	
			Special services for adolescents			
Williamsburgh Maternity & Family Planning Center 151 Maujer St., 11206 387-5300	MIC	X	X		X	
			Special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Brooklyn

Health District: Flatbush

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Caledonian Hospital Community Health Center 45 Woodward Ave. 941-1000	V	X	X	X	X	
			No special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

220

Borough: Brooklyn

Health District: Fort Greene

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
The Brooklyn Hospital Division Brooklyn-Cumberland Medical Center 121 DeKalb Ave., 11205 270-4281 Gyn. Clinic: 270-4633	V	X	X		X	X
				No special services for adolescents		
Cumberland Hospital Division Brooklyn-Cumberland Medical Center 39 Auburn Pl., 11205 625-1830	HHC	X	X	X	X	
				No special services for adolescents		
Jewish Hospital & Medical Center of Brooklyn 555 Prospect Pl., 11238 240-1661	V	X	X	X	X	X
				No special services for adolescents		
Lyndon Baines Johnson Health Complex 276 Nostrand Ave., 11205 336-2220	HHS	X	X		X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Brooklyn

Health District: Gravesend

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Coney Island Hospital 260 Ocean Parkway, 11235 743-4100	HMC	X	X	X	X	
				No special services for adolescents		
Coney Island Pediatric and Family Health Clinic 2836 West 23rd St., 11224 946-3014	CFPC	X	X		X	
				No special services for adolescents		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Manhattan**

Health District: **Central Harlem**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Clarence W. Shagg Hogan's Medical Center 159 West 127th St. 10027 749-3597, 8, 9	HHS	X			X Special services for adolescents	
Council Ambulatory Health Care Center 1727 Amsterdam Ave. 690-4800	HHS	X	X		X No special services for adolescents	
Harlem Hospital Center Lenox Ave & 136th St., 10037 694-1234	HHC	X	X	X	X Special services for adolescents	
North General Hospital 55 East 123rd St., 10035 650-4308	HHC	X	X		X Special services for adolescents	
Sydenham Hospital Neighborhood Family Care Center 215 West 125th St., 10027 678-5305	HHC	X	X		X No special services for adolescents	
Upper Harlem Medical Associates 2348 Seventh Ave., 10030 234-5800		X	X	X	X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Manhattan**

Health District: **East Harlem**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
East Harlem Maternity & Family Planning Center 158 East 115th St., 10029 369-9500	MIC	X	X		X Special services for adolescents	
Metropolitan Hospital 1901 First Ave., 10029 360-6262	HHC	X	X	X Special services for adolescents	X	
Mt. Sinai Hospital Fifth Ave. & 100th St., 10029 650-6500	V	X	X	X Special services for adolescents	X	X
Center for Comprehensive Health Practice 163 East 97th St. 860-8997	HHS	X	X	Special services for adolescents	X	
Boriken Neighborhood Health Center 2253 Third Ave., 10035 289-6650	HHS	X			X	
Settlement Health & Medical Services 314 E. 104th St. (2nd & 1st Aves.) 860-0401	HHS	X	X	Special services for adolescents	X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Manhattan

Health District: Kips Bay-Yorkville

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Center for Reproductive and Sexual Health, Inc. (CRASH) 424 East 62nd St., 10021 758-7310		X		X		
			No special services for adolescents			
Eastern Women's Center 14 East 60th St., 10022 832-0033		X		X		
			No special services for adolescents			
Lenox Hill Hospital 100 East 77th St., 10021 794-4567	V	X	X	X	X	
			No special services for adolescents			
New York Hospital 530 East 70th St., 10021 472-5454	V	X	X	X	X	X
			No special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Manhattan**

Health District: **Lower East Side**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Action-for-Progress 92-94 Ludlow St., 10002 477-1120	CFPL	X		X		
			Special services for adolescents			
Beekman Downtown Hospital New York Infirmary 170 William St., 10038 BE 3-5300	V	X	X	X	X	
			No special services for adolescents No clinic services, private physicians			
Bellevue Hospital 27th St. & First Ave., 10016 561-4239 Clinic: 561-4141	HHC	X	X	X	X	X
			Special services for adolescents			
Betances Health Unit 281 East Broadway 227-8401	HHS	X			X	
Beth Israel Medical Center 10 Nathan D. Perlman Pl., 10003 420-2000 Adolescent Clinic: 420-2730	V	X	X	X	X	
			Special services for adolescents			
Family Problem Center, Inc. 205 E. 17th St. 674-8516	HHS	X	X		X	
Margaret Sanger Center 380 Second Ave., 10010 677-6474 Affiliated with New York Hospital	PPNYC	X		X	X	X
				Special services for adolescents		
NENA Comprehensive Health Service Center 279 East 3rd St., 10009 477-8500	HHS	X	X		X	
				Special services for adolescents		
New Gouverneur Hospital 227 Madison St. (at Clinton St.), 10002 374-4144, 4152	HHC	X	X		X	
				Special services for adolescents		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Manhattan

Health District: Lower East Side

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
New York Infirmary Beekman Downtown 321 E. 15th St., 10003 228-8000	V	X	X	X	X	
Park Med 475 Park Ave. South, 10016 683-4100		X		X		
VIP Associates 72 Fifth Ave., 10011 675-6015		X		X		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Manhattan

Health District: Lower West Side

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Chinatown Community Health Center 191 Canal St., 10013 966-9843	CFPC	X			X	
				No special services for adolescents		
Greater Chinatown Community (St. Vincent's Hospital) Association 105 Park St. 374-1311	X	X				
Judson Health Center 34 Spring St., 10012 WO 6-3741	HHC	X	X		X	
				No special services for adolescents		
Roosevelt Hospital St. Luke's Hospital Center 428 West 59th St., 10019 554-7000 Adolescent Clinic: 554-7475	V	X	X	X	X	
				Special services for adolescents		
St. Clare's Hospital 415 East 51st St., 10019 586-1500	V	X	X	Only	Natural	
St. Vincent's Hospital 130 West 12th St., 10011 West 790-7000	V	X	X		Natural	
				Special services for adolescents		
The Door-A Center for Alternatives 618 Ave. of the Americas, 10010 691-6161 Limited to teens only	HHS	X	X		X	
				Special services for adolescents		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Manhattan
Health District: Riverside

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Manhattanville Maternity & Family Planning Center 21 Old Broadway, 10027 663-3992	MIC	X	X		X	
St. Luke's Hospital Center (Women's) 1111 Amsterdam Ave., 10025 870-6208, 6267 Gyn. Clinic: 870-6114	V	X	X	X	X	
				Special services for adolescents		
Martin Luther King Clinic 50 Lenox Ave. (112th St.) 876-6670	HHS	X			X	
				Special services for adolescents		
William F. Ryan Community Health Center Teen Health Project 160 W. 100th St. (Amsterdam-Columbus) 678-5699	HHS	X			X	
				Special services for adolescents		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Manhattan**

Health District: **Washington Heights**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Columbia-Presbyterian Medical Center 630 West 168th St., 10032 694-2500	V	X	X	X Special services for adolescents	X	X
Community League of West 159th St. 1984 Amsterdam Ave., 10032 781-7979	CFPC	X		 Special services for adolescents	X	
Jewish Memorial Hospital Broadway & 196th St., 10040 569-4700	V	X		X Special services for adolescents	X	X

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Queens**

Health District: **Astoria-Long Island City** **CLINIC SERVICES**

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Qualicap 42-15 Crescent St., 11101 729-8809	CFPC	X	X		X No special services for adolescents	
TLC Womens Services 29-28 41st Ave. Long Island City 249-7313		X		X		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Queens

Health District: Corona

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
City Hospital at Elmhurst 79-01 Broadway, 11373 830-1234 Gyn Clinic: 830-1515 Family Planning: 830-1251	HHC	X	X	X	X	
				No special services for adolescents		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Queens

Health District: Flushing

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Booth Memorial Hospital Main St. & Booth Memorial Ave., 11355 670-1231	V	X	X	X Special services for adolescents	X	
Flushing Hosptial 45th Ave. & Parsons Blvd., 11355 670-5000	V	X	X	X	X	
Long Island Jewish-Hillside Medical Ctr. 270-05 76th Ave., 10040 New Hyde Park 470-2000	V	X	X	X Special services for adolescents	X	X
Queens Hospital Center 82-68 164th St., 11432 990-2787	HHC	X	X	X Special services for adolescents	X	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Queens

Health District: Jamaica East

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Jamaica Family Planning Center 90-37 Parsons Blvd., 11432 658-6627	MIC	X	X		X Special services for adolescents	
Queens Clinical Society Family Planning Service 149-09 Jamaica Ave., 11435 657-7088	CFPC	X			X Special services for adolescents	

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Queens

Health District: Jamaica West

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Jamaica Hospital 89th Ave. & Van Wyck Exp., 11418 657-1800, ext. 466	V	X	X	X	X	
			No special services for adolescents			
Mary Immaculate Hospital 152-11 89th Ave., 11432 291-3300, ext. 2203	V	X	X			
			No special services for adolescents			
Peninsula Hospital Center 51-15 Beach Channel Drive, 11691 945-7100	V	X			X	
			No special services for adolescents			
South Shore Hospital Division St. John's Episcopal Hospital 327 Beach 19th St. Far Rockaway, 11691 GR 1-8100	V	X	X	X	X	
			Special services for adolescents			
Project Pryme (C&Y) Rockaway Health Center 67-10 Rockaway Beach Blvd. Far Rockaway, 11693 945-7150	C&Y	X			X	
			Special services for adolescents			

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: Queens

Health District: Maspeth-Forest Hills

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
St. John's (Queens) Hospital 90-02 Queens Blvd. 457-1300	V	X	X No special services for adolescents		Natural Only	
CHOICES 97-77 Queens Blvd., 11374 275-6020		X		X		

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Borough: **Staten Island**

Health District: **Richmond**

CLINIC SERVICES

Name and Address of Facility	Auspices	Pregnancy Determ.	Pre-Natal	Abortion	Family Planning	NIC Receiving Unit
Staten Island Family Planning 51 Stuyvesant Pl., 10310 447-0571	CFPC	X			X Special services for adolescents	
Staten Island Hospital 101 Castleton Ave., 10301 390-9000	V	X	X	X Special services for adolescents	X	
Richmond Memorial Hospital 375 Sequine Ave., 10309 356-1900	V	X	X	X Special services for adolescents	X	
St. Vincent's Hosptial 353 Bard Ave., 10310 442-5100	V	X	X		Natural Only Special services for adolescents	X

V —Voluntary
CFPC —Community Family Planning Council
MIC —Maternal and Infant Care
HHS —Health and Human Services
HHC —Health and Hospitals Corp.
PPNYC —Planned Parenthood of N.Y.C.
CY —Children and Youth

Appendix D

Parent Workshops

A description of district workshops provided by the Division of Curriculum and Instruction, Health and Physical Education Unit, with funding from the State Education Department.

Purpose

These seminars are designed to involve parents, teachers, students, and community leaders in open, informative and supportive discussions dealing with different issues of human sexuality and family living. A central purpose is to help participants understand the physical, emotional, cultural and social aspects of human growth and development, as well as to communicate their own values about sexuality more clearly and effectively to their children. The hope is that these discussions will lead to more open communication between parents and children which ultimately will help youngsters make informed decisions about their sexual behavior.

Objectives

The following are the major long and short term goals of the program:

- Orient parents, administrators, and school boards to the scope and importance of family living and sex education, so that there will be ongoing support and commitment to the program in the school and the community.
- Plan and conduct seminars for parents that will help them deal more effectively with their children's sexuality.
- Plan and conduct workshops for school staff that will help them deal more effectively with classroom instruction in family living/sex education.
- Establish closer relationships between parents, teachers and guidance counselors for better, more timely diagnosis and referral of students with problems that might put them at high risk of pregnancy, venereal disease or other sex-related conditions that could damage their lives.
- Organize community resources into an effective referral network for assisting students and parents. Also, link these resources to the school in a programmatic way through parent workshops, teacher training, and in-school special programs.
- Organize local and private agencies and organizations concerned with school health into a community advisory resource.

Program Implementation

The major activities of the program have been the following:

- Four two-hour workshops for parents of teenagers, children, and, separately, for teachers in high pregnancy districts to help them deal more effectively with adolescent sexuality and other family living issues.
- Pre-workshop advisory committee meetings with parents, community members, and school staff to jointly determine the content and best strategies for involving parents in the workshops. The committee also decides which facility in the community will be most appropriate for holding the workshops.
- Workshops are based on needs assessments conducted to determine what are the most pressing concerns of parents in the area of adolescent sexuality.
- Use of available community resources in health, family planning, counseling, and youth-serving agencies to give workshops and take referrals of sexually active children and their parents.
- Involvement of parent assistants to reach out and establish working ties with parents and community organizations and assist in organizing district seminars.

The parent and teacher workshops, which are at the center of the program, addressed the following topics:

- Parent-child relationships
- Communicating with children
- Dealing with family conflicts
- Psycho-sexual development
- Parents as educators
- Parent-school partnership in sex education
- Family size: choice and planning
- Children with special needs
- Parents helping parents: real problem-solving

Procedures and Materials

The procedures for these workshops have been developed and implemented several times. A set of topics based on surveys of parent needs has been established. Slides, movies, small group discussions and lots of experiential exercises are used during sessions. Advisory committees composed of parent association officers, regular parents, community agency personnel and school staff meet prior to meetings to decide content of and design strategies for getting the parents to attend the meetings. The workshops are publicized through flyers written in as many languages as are needed. In the Hispanic and Asian communities, the program was conducted in conjunction with Chinese and Hispanic workers. A parent assistant organizes the meetings and does outreach work for them. A door prize is given at the end of each session.

The materials used in this program consist of: *Starting A Healthy Family*, published by the March of Dimes; *Seminars for Parents on Adolescent Sexuality*, from the Educational Develop-

ment Center, Newton, Massachusetts; *Our Bodies, Ourselves,* from the Boston Women's Collaborative; and *Changing Bodies, Changing Lives,* by Ruth Bell, et al. Public Affairs pamphlets such as *Schools and Parents — Partners in Sex Education,* and others are also used. All of these books and pamphlets are easily obtained in libraries and book stores. (See Bibliography, pp. 256, 255, 249, 265, and 261, respectively.)

Facilities Required

To implement this program a large or small room (depending on how many parents are expected), equipped with chairs, is the major physical facility needed. Audio-visual equipment to show slides and movies is also essential.

Personnel and Training Required

PERSONNEL

The following personnel are involved in the Parent Seminars Program:

NUMBER	TITLE	MAIN DUTIES
1	Assistant Director of Health and Physical Education	to coordinate program, hire workshop trainers, make contact with district, chair advisory committee meetings, and deal with budget.
2	Trainers	to facilitate advisory committee meetings and conduct workshops, to meet for planning at different times of the year
4	Parent Assistants	to help organize meetings by getting rooms and refreshments, providing attendance lists, and disseminating materials, to urge other parents to come to the meetings
1	District Contact Person	to facilitate entry into the schools and invite people to advisory meetings

TRAINING

The workshops facilitators (trainers) were hired because they were experts in group processes and sex education. They did not need any training. The two facilitators have been consultants to the New York City Schools for several years and know the climate of the system well.

In District 2, it's

All in the Family

Discussion with Parents on Children/Family Relationships and Sexuality

Wednesdays, March 10, 17, 24, and 31, 1982
9:30 a.m. — Coffee
9:30 · 11:30 a.m. — Workshop for District 2 Parents

At Community Schools District 2
210 East 33rd Street
New York, New York 10016
Room 503

- **Puberty-Physical Development**
- **Dealing with Peers**
- **Marriage**
- **Single Parents**
- **Dealing with Death, Siblings, and Divorce**
- **Sexual Development**
- **Family Planning**
- **Communication Skills — Improving communications with children**
- **Open Suggested Topics of Personal Concern**

For Additional Information, call 481-1652

Door Prizes, Refreshments at Each Workshop

Free Admission

Sponsored by Community School District 2: Mr. Charles Wilson, Community Superintendent; Ms. Suzanne Muller, President, Community School Board; Dr. Alan D. Cohen, Health Education and Physical Education Supervisor; and The New York City Board of Education Center for Health and Physical Education with support from the State Education Department.

El distrito Escolar Comunal Numéro 4 Invita a Todos los Padres

para que Asistan a Una Serie de Talleres en

Relaciones Familiares Y Sexualidad

Boy's Club de Nueva York
321 Este de la Calle 111
(entre Primera y Segunda Avenidas)
Nueva York, Nueva York 10029

Taller 1: Miércoles, 28 de Abril de 1982, de 9:30 a 11:30 a.m.
Tema: Presentación por el "Family Life Theatre"

Taller 2: Miércoles 5 de Mayo de 1982, de 9:30 a 11:30 a.m.
Tema: Comunicación entre Padres y Hijos

Taller 3: Miércoles, 12 de Mayo de 1982, de 9:30 a 11:30 a.m.
Tema: Enfermedades que se Trasmiten a Través del Sexo

Taller 4: Miércoles, 19 de Mayo de 1982, de 9:30 a 11:30 a.m.
Tema: El Abuso Sexual en los Niños

Refrescos

Obsequios a la Entrada

Para información adicional llame a la Sra. Virginia Giddings, Directora del Personal de Servicios a los Estudiantes, al Teléfono 860-5982.

Seminar Evaluation Sheet

1. The single most helpful part of the seminar series was _____

_____

2. The least useful part for me was _____

_____

3. I was most deeply touched by _____

_____

4. I was most angry or irritated when _____

_____

5. The main new things I learned were _____

_____

6. My thinking changed most with regard to _____

_____

7. I feel I need to know more about _____

_____

8. As a group, I feel we were ☐ were not ☐ able to establish mutually helpful contacts and relationships with each other that can go beyond the conclusions of these seminars. I think this is primarily due to _____

_____

9. I think other parents should ☐ should not ☐ sign up for these seminars because _____

_____

10. As a direct result of my participation in these seminars, I plan to _____

_____

11. If you were to plan similar seminars, I suggest that you _____

_____

12. I'd just like to add in closing _____

_____

Please return this evaluation sheet to the seminar leader.

Appendix E

Death Education

Helping Students Cope With Death

The subject of death may come up in classroom discussions. Children hear and see a lot about dying and are curious. They have questions. There are also situations that arise in which the classroom teacher may be called upon to help students cope with the effects of death. These might include the death of a student in class or the death of a member of a student's family or circle of friends. The teacher can be of great assistance to the parents and the students by helping the students cope with and better understand death.

Of course, the teacher must first understand and be aware of his or her own feelings toward death. This is important if the teacher is to be of any help to the student. The following information may be helpful in working with and understanding student reactions.

Children's perceptions of death will vary with their developmental stage, individual life experiences, and family influences. No two children will react to death in exactly the same way. Some children have experienced the death of a pet or grandparent. Others have never experienced a loss. Some children come from families that talk very openly about death. Other families choose not to discuss the subject. These experiences will all affect how a student reacts to death. Maria H. Nagy in "The Child's View of Death" (in *The Meaning of Death,* ed. Herman Fiefel, New York: McGraw-Hill, 1959) presents at least three developmental stages children go through in understanding death. Of course, the ages are approximations and will vary with individual children.

Before ages 5 or 6, the child sees death as something temporary. There is no definitive death. The dead person will return and resume his other normal activities. Children at this age also have considerable faith in their own ability to make things happen, simply by wishing.

As they grow toward age 6, children begin to see death as permanent. During this developmental stage, children may become increasingly anxious about death. They often associate death with violence. Death is final, but it is not natural and not inevitable. It is not something that happens to them.

The third stage begins at about age 9. Death is seen as final and inevitable. Children from 10 to 12 years of age are ready to deal with the reality of death but find the idea that death can happen to anyone at any age difficult to accept. Ten- to twelve-year-olds may cover their fears about death by joking about and making fun of death. This is an attempt to protect themselves from something they do not completely understand.

Making fun of and joking about death carries over into adolescence. Adolescence adds another facet to coping with death. Children at this age tend to defy the inevitability of death — a kind of "I dare it to happen to me" attitude. Their behavior exhibits a need to prove they are immune.

Children who experience a loss will generally exhibit shock, numbness, and denial. They may then experience anger toward the deceased. "Daddy didn't love me. He had no right to leave me like this." This may be followed by anger toward the survivor. These reactions are often followed by guilt. The child may feel some responsibility for the death. "If I'd been good . . ." They may also experience a fear of losing someone else or of dying themselves. Children, like adults, go through a grief process. It is important that they know it is okay to cry or express other emotions. It is important, too, that they have someone they can talk to about what has happened.

The teacher can help by being warm and understanding. Do not ignore the fact that this event has taken place. Acknowledge it. Offer to help, to listen if there is a need. Provide a support for the student as she or he works through acceptance of the death. The teacher can listen without questioning and can encourage the student to express his or her feelings. This can reassure the student that the feelings are normal. The teacher can also help the child reestablish daily routines. As a child begins to accept the reality of death, she or he can be helped to see that life goes on.

As questions arise, it is important that teachers answer them with consideration of the varying family beliefs, as well as the child's ability to understand. Be honest in explaining death. Avoid statements such as "He died because he was sick." Children may think that the next time they get a cold they will die. A similar problem arises if death is associated with sleep. In his book, *Explaining Death to Children,* Earl Grollman suggests never telling a child something that will have to be unlearned later. Avoid fairy tales and half-truths. Grollman suggests that honesty is the only policy.

Many books and articles have been written on coping with and understanding death. *Health Education* and the *Journal of School Health* are periodicals in which one will find helpful articles.

Other references are cited below.

Anthony, S. *The Child's Discovery of Death.* New York: Harcourt, Brace & World, 1940.
Gordon, A.K. and D. Klass. *They Need To Know: How to Teach Children About Death.* Englewood Cliffs: Prentice-Hall, 1979.
Grollman, Earl. *Explaining Death to Children.* Boston: Beacon Press, 1967.
Kubler-Ross. Elizabeth. *Questions and Answers on Death and Dying.* New York: Macmillan, 1974.

Reprinted from Choosing Good Health, *Teacher's Edition, Mary Bronson Merki, Ph.D., Steck-Vaughn Company, Austin, Texas, 1983.*

Helping Young Children Cope With Death

Jennifer Birckmeyer

With the upsurge of interest in "death education" among adults, helping young children cope with death seems to be a frequent theme in many parent discussion groups. This topic is probably as difficult for adults to deal with as any other. It is a sharp reminder that if adults are to help children deal successfully with difficult issues, they must first learn to face those issues squarely themselves. In her book, *Questions and Answers on Death and Dying,* Elizabeth Kubler-Ross talks about the ability of doctors to help patients face terminal illness and death. She says, "If this is a big problem in our life, and death is viewed as a frightening, horrible, taboo topic, we will never be able to face it calmly and helpfully with a patient." Every parent knows little children are as sensitive to the attitudes of the people who care for them as patients are to the attitudes of the doctors who treat them.

It may be advisable for parents to initiate discussions about death with their children; major tensions could occur if the topic arises for the first time during a very sad or difficult time in the adult's life. The death of an acquaintance, friend, relative, or pet can be as upsetting to adults as it is to children. It is not necessary to hide adult grief from children. "Daddy is crying because Uncle Tom is dead and he misses him very much," is a statement most children can accept. In fact, such straightforward statements are easier for most children to understand than artificial cheerfulness and unfamiliar sounds behind closed doors. Occasionally adults find children's insistent questions extremely hard to answer:

"Why did she die?"
"Does it hurt to be dead?"
"You mean they just put her in a hole with dirt on top of her?"
"Did she want to die?"

These are the kinds of questions young children often raise, and adults should answer them as honestly and simply as they can.

One important clue in responding to children is to listen to the question and provide brief answers. Occasionally adults perceive a child's question as a signal to deliver a speech they have thought about for a long time — the result is to overwhelm the child with more messages and information than is necessary or desirable.

Many people are amused by the story of the child who asked a parent, "Where did I come from?" and listened patiently to a careful explanation of the biological facts. At the end of the explanation the parent asked, "Now do you understand where you came from?" The child replied, "Not exactly — Betty came from Albany and Bobby came from Buffalo, but I still don't know where I came from." The moral: short, simple answers to questions children ask are preferable to long, moralistic answers to questions adults tend to hear.

What about religious views — don't we communicate these to children as we help them cope with death? Of course we do — and should. But even philosophical concepts and religious beliefs can be presented briefly. Occasionally asking a child, "What do you think about that?" helps provide direction for further discussion. It's important to remember that preschool children are intensely self-centered and concerned about what will happen to them as a result of the death of a loved person. Sometimes this egocentrism can be baffling or infuriating to adults, who fail to understand that children cannot hurry through this inevitable stage of development, but will grow to care about other people if they receive enough time and loving care themselves.

Occasionally a grieving adult is bothered by a child's insistent questions, put off by the fact that the child is unusually whiny and clinging, or mystified that after an initial, short sadness the child is playing as if nothing has happened. At such time, adults need, and should have, the help and support of other adults who know and care about the child, but may not be as emotionally involved in the situation. Neighbors, close friends, and relatives can offer a real service to a bereaved family by spending time with a young child, and allowing the child to work out grief in the style and tempo comfortable for him/her.

It seems children learn to cope with death in many different ways, and adults should remain sensitive and responsive to clues from children's behavior about the kinds of help that will be most appropriate. For most poeple, discussions about death before a crises situation involving the loss of a beloved person or pet will provide some foundation for coping with intense feelings of grief, anxiety, or bewilderment. A dead animal on the road, a bird that has fallen from a nest, or a newspaper account of the death of an acquaintance can all be opportunities for an honest discussion about "what dead is." On a more intimate level, the death of a pet can be discussed, the animal examined, and if it is in keeping with the family's beliefs, a ceremony or funeral held. Such ceremonies may help children understand that rituals and the companionship of other people can be sources of comfort.

It is not unusual for a young child who has observed or participated in the burial of an animal to dig up the body to "see what has happened." Children are often interested in,and matter of fact about, the process of decay. Adult attitudes should indicate that this is a natural and non-alarming phenomenon.

Children's grief should be respected by adults — quick replacements of lost pets may not always be appropriate. On the other hand, children are often far less saddened by the death of a pet or friend than parents expect. When children show little or no reaction to the loss of a person or pet who has been important to them, the people who care for them should remain alert for signals that they need help in expressing grief or bewilderment, or that their reaction is delayed and grief will be expressed later — perhaps triggered by some minor incident of significance only to them.

Parents may find books an excellent way of beginning to communicate with their children about subjects of mutual concern. There are several books about death for young children. One, *The Tenth Good Thing About Barney,* is by Judith Viorst, and contains a story about the way one family helped their son cope with the death of his cat. Throughout this story the little boy develops a list of ten good things about his cat and by doing this clearly feels that he and his parents have provided a fitting end to the life of a beloved animal. Following is an excerpt from the story:

> Barney was brave, I said
> And smart and funny and clean.
> Also cuddley and handsome, and he only once ate a bird.
> It was sweet, I said, to hear him purr in my ear.
> And sometimes he slept on my belly and kept it warm.
> Those are all good things, said my mother, but I still just count nine.
> Yes, I said, but now I have another.
> Barney is in the ground and he is helping grow flowers.
> You know, I said, that's a pretty nice job for a cat.

Prepared by New York State College of Human Ecology, Cornell University, Department of Human Development and Family Studies, undated.

Death Education: Suggested Readings and Audiovisuals

Steven Schwartz, MA, FASHA

It is referred to as "kicking the bucket," "croaking," and "passing on." It is also referred to as "The great beyond," "the happy hunting ground," "the eternal sleep," "the last sleep," and "the eternal rest." In addition, "giving up the ghost," "departed," "gone away," "laid to rest," and "gone to heaven" also refer to it.

Each of the aforementioned expressions, along with many others, is our way of avoiding the verbalization of the word *death* — more specifically, avoiding or denying the concept of the finality of death. In fact, "death" may be the last taboo facing human-kind.

Although each person realizes that he or she will eventually die, few people talk about death, unless jokingly; and even then it is usually not about the death of someone close. Consequently, most people fear death and feel, somehow, that by avoiding its verbalization, they can deny its existence and therefore its terminality.

In the foreword of psychiatrist Elizabeth Kubler-Ross's book, *Death: The Final Stage of Growth* (Prentice-Hall, 1975), Joseph and Laurie Braga, the book's general editors, state the following:

> Death is a subject that is evaded, ignored, and denied by our youth-worshipping, progress-oriented society. It is almost as if we have taken on death as just another disease to be conquered. But the fact is that death is inevitable. We will all die; it is only a matter of time. Death is as much a part of human existence, of human growth and development, as being born. It is one of the few things in life we can count on, that we can be assured will occur. Death is not an enemy to be conquered or a prison to be escaped. It is an integral part of our lives that gives meaning to human existence. It sets a limit on our time in this life, urging us on to do something productive with that time as long as it is ours to use.

Perhaps the thought behind Joseph and Laurie Braga's words should be taken very seriously by each of us. If we did, maybe we would be providing ourselves with an important opportunity to reevaluate our life's goals, values, attitudes, decisions, and behaviors. And hopefully, as a consequence of that reevaluation, we would learn to live our life more effectively and more energetically than in the past.

Educators, classroom teachers in particular, often find themselves in the position of confronting a student's emotions, joy as well as sorrow. And not only do teachers often find themselves in confrontation with such matters, but they also find themselves in the position of having to take some form of action in response to a student's joy or sorrow.

Undoubtedly, a teacher's confrontation with a student's joy is usually a lot simpler and a lot more comfortable to handle than is a teacher's confrontation with a student's sorrow. And perhaps the most difficult and most uncomfortable kind of student sorrow with which a teacher may be confronted involves death, especially the death of a student's close relative or friend. Consequently, be it choice or circumstance, a teacher may find himself or herself in the position of having to deal with "the last taboo."

It is the sincere objective of this preparer that the suggested readings and audiovisuals included in the compilation that follows be helpful to teachers in dealing successfully with the oftentimes difficult and complex themes of death, dying, grief, and bereavement, both in their school and personal environments.

The materials in this compilation are divided into four categories. The first category, "Books for Children," is comprised of books intended to be read by young children. The reading levels of the

books in this category span grades Kindergarten through Six. However, each book in the listing is not necessarily applicable for students at all levels. It is suggested that the teacher peruse the books listed before making any of them available to students, considering the needs, personalities, backgrounds and capabilities of the students.

The second category, "Audiovisual Suggestions (Elementary)," is comprised of films and filmstrips that have been produced for viewing by students in elementary school. It is recommended that the teacher preview these audiovisuals before using them with his or her students.

The third category, "Books for Teenagers, Lay Adults, and/or Professionals," is comprised of books intended for use by mature teenagers, lay adults, and/or professional educators — including teachers, school administrators, school counselors, school physicians, and school nurses.

The fourth category, "Audiovisual Suggestions (Secondary)," is comprised of films and filmstrips that have been produced for viewing by students in secondary school. It is also recommended that the teacher preview these audiovisuals before using them with his or her students.

Books for Children

Armothy, C.: *I Am Fifteen and I Don't Want to Die*. Scholastic, 1974.
Bartoli, J.: *Nonna*. Harvey, 1975.
Bauer M.D.: *Shelter from the Wind*. Seabury, 1976.
Cleaver, B., Cleaver, V.: *Grover*. Lippincott, 1970.
Corley, E.A.: *Tell Me About Death, Tell Me About Funerals*. Grammatical Sciences, 1973.
De Paola, T.: *Nana Upstairs and Nana Downstairs*. Putnam, 1973.
De Regniers, B.S.: *Boy, the Rat and the Butterfly*. Atheneum, 1971.
Dorbrin, A.: *Scat*. Scholastic, 1973.
Farley, C.: *The Garden Is Doing Fine*. Atheneum, 1975.
Fassler, J.: *My Grandpa Died Today*. Behavioral Publications, 1971.
Feagles, A.M.: *The Year the Dreams Came Back*. Atheneum, 1976.
Harris, A.: *Why Did He Die?* Lerner, 1965.
Kantrowitz, M.: *When Violet Died*. Parents, 1973.
Kennedy, R.: *Come Again in the Spring*. Harper & Row, 1976.
Klein, S.: *The Final Mystery*. Doubleday, 1974.
Koch, R.: *Goodbye, Grandpa*. Augsbury, 1975.
LeShan, E.: *Learning to Say Goodbye; When a Parent Dies*. Macmillan, 1976.
Miles, M.: *Annie and the Old One*. Little, Brown, 1971.
Moody, A.: *Mr. Death: Four Stories*. Harper & Row, 1975.
Simon, S.: *Life and Death in Nature*. McGraw-Hill, 1976.
Slote, A., Mather, P.: *Hang Tough*. Avon, 1975.
Smith, D.B.: *Taste of Blackberries*. Scholastic, 1976.
Stein, S.B.: *About Dying*. Walker, 1974.
Stevens, C.: *Stories from a Snowy Meadow*. Seabury, 1976.
Viorst, J.: *The Tenth Good Thing About Barney*. Atheneum, 1975.
Warburg, S.S.: *Growing Time*. Houghton, 1969.
White, E.B.: *Charlotte's Web*. Harper & Row, 1952.
White, P.: *What Happened to Auntie Jean?* Regal, 1976.
Zim, H.S., Bleeker, S.: *Life and Death*. Morrow, 1970.
Zolotow, C.: *My Grandson Lew*. Harper & Row, 1974.

Audiovisual Suggestions (Elementary)

Buttons and Her Family. Filmstrip/cassette. Miller-Brody Productions, Inc., 342 Madison Ave., Dept 77, New York 10017.
David and His Grandfather. Filmstrip/cassette. Miller-Brody Productions, Inc., 342 Madison Ave., Dept 77, New York 10017.
Day Grandpa Died, The. Film, 11½ minutes. BFA Educational Media, 2211 Michigan Ave. Box 1795, Santa Monica, 90406.
In My Memory. Film, 15 minutes. National Instructional Television Center, Box A., Bloomington, IN 47401.
Playing Dead. Filmstrip/cassette. Guidance Associates, 757 Third Ave., New York, 10017.

Books for Teenagers, Lay Adults, and/or Professionals

Anonymous: *Go Ask Alice.* Avon, 1972.
Aries, P.: *Western Attitudes Towards Death: From the Middle Ages to the Present.* Johns Hopkins Press, 1975.
Becker, E.: *The Denial of Death.* Free Press, 1975.
Bender, D.L. (ed.): *Problems of Death: Opposing Viewpoints Series.* Greenhaven, 1974.
Bermann, E.: Scapegoat: The Impact of Death — Fear on an American Family. University of Michigan Press, 1973.
Blinn, W.: *Brian's Song.* Bantam, 1972.
Boros, L.: *The Mystery of Death.* University of Southern California Press, 1973.
Brooke, D.: *Death Games.* Harcourt, 1976.
Dempsey, D.: *The Way We Die.* Macmillan, 1975.
Dixon, P.: *May I Cross Your Golden River?* Antheneum, 1975.
Donovan, J.: *Wild in the World.* Avon, 1974.
Dumont, R.: *American View of Death.* General Learning Press, 1972.
Garden, N.: *The Losers.* Avon, 1974.
Gorer, G.: *Death, Grief and Mourning.* Doubleday, 1965.
Green, B.R., Irish, D.P.: *Death Education: Preparation for Living.* General Learning Press, 1971.
Grollman, E.A. (ed.): *Concerning Death: A Practical Guide for the Living.* Beacon, 1974.
— *Explaining Death to Children.* Beacon, 1969.
— *Talking About Death: A Dialogue Between Parent and Child.* Beacon, 1976.
Gunther, J.: *Death Be Not Proud.* Harper & Row, 1965.
Hendin, D.: *Death as a Fact of Life.* Norton, 1973.
Hess, M.: *What You Should Know About Death.* Keats, 1974.
Hunter, M.: *Sound of Chariots.* Avon, 1975.
Irish, J.A.: *A Boy Thirteen: Reflections on Death.* Westminster, 1975.
Jackson, E.N.: *Telling a Child About Death.* Hawthorn, 1965.
Johnson, M.: *Eighteen . . . No Time to Waste.* Zondervan, 1971.
Jungel, E.: *Death: The Riddle and the Mystery.* Westminster, 1975.
Kavanaugh, R.E.: *Facing Death.* Penguin, 1974.
Klagsbrun, F.: *Too Young to Die.* Houghton, 1976.
Kubler-Ross, E.: *Images of Growth and Death.* Prentice-Hall, 1976.
— (ed.): *Death: The Final Stage of Growth.* Prentice-Hall, 1975.
— *On Death and Dying.* Collier, 1969.
— *Questions and Answers on Death and Dying.* Macmillan, 1974.
Landau, E.: *Death: Everyone's Heritage.* Messner, 1976.
Langone, J.: *Death Is a Noun: A View of the End of Life.* Little, Brown, 1974.
— *Vital Signs: The Way We Die in America.* Little, Brown, 1974.
Lastembal, R., Aisenberg, R.: *The Psychology of Death.* Springer, 1972.
Lifton, R.J., Olson, E.: *Living and Dying.* Praeger, 1974.
Mills, G. *et al. Discussing Death: A Guide to Death Education,* E & C Publications, 1975.
Mitchell, M.E.: *The Child's Attitude to Death.* Shocken, 1967.

Mitford, J.: *The American Way of Death.* Simon and Schuster, 1963.
Nichols, R.: *Song of the Pearl.* Atheneum, 1976.
Pincus, L.: *Death and the Family: Completing the Mourning Process.* Pantheon, 1975.
Reed, E.L.: *Helping Children with the Mystery of Death.* Abdington, 1970.
Rotering, R., (ed.): *To Love Forever: Thoughts on Death and Life.* St. Mary's College Press, 1971.
Shneidman, E.C.: *Death: Current Perspectives.* Mayfield, 1976.
— *Deaths of Man.* Quadrangle, 1974.
— *Essays in Self-Destruction.* Science House, 1968.
Shepard, M.: *Someone You Know is Dying: A Manual for Helping and Coping.* Harmony, 1975.
Stannard, D.E. (ed.): *Death In America.* University of Pennsylvania Press, 1975.
Steinfels, P., Veatch, R.M. (eds.): *Death Inside Out: The Hastings Center Report.* Harper & Row, 1975.
Sutten, D. (ed.): *Death and Suicide: An Anthology of Poems and Writings on Themes of Death and Suicide.* California Rev. Press, 1975.
Toynbee, A.: *Man's Concern with Death,* McGraw-Hill, 1969.
Tuck, W.P.: *Facing Grief and Death.* Broadman, 1975.
Vernon, G.M.: *Sociology of Death: An Analysis of Death-Related Behavior.* Ronald, 1970.
Watts, R.G.: *Straight Talk About Death with Young People.* Westminster, 1975.
Weisman, A.D.: *On Dying and Denying: A Psychiatric Study of Terminality.* Behavioral Publications, 1972.
Werkman, S.L.: *Only a Little Time.* Little, Brown, 1972.

Audiovisual Suggestions (Secondary)

Death: An Invention of Life. Filmstrip/cassette. Biofilms, RD 1, Box 192, Easton, MD 21601.
Death and Dying: Closing the Circle. Filmstrips/cassettes. Guidance Associates, 757 Third Ave., NY 10017
End, The. Filmstrip/cassette. Warren Schloat Productions, Inc. 150 White Plains Rd. Tarrytown, N Y
10591.
Garden Party, The. Film, 24 minutes. ACI Films Inc., 35 West 45th St., NYC, NY 10036.
How Could I Not Be Among You? Film, 28 minutes. The Eccentric Circle, Box 4085, Greenwich, CT 06830.
Living With Dying. Filmstrip/cassette. The Center for Humanities, Inc., 2 Holland Avenue, White Plains, NY 10603.
Passing Quietly Through. Film, 26 minutes. Films Incorporated, 1144 Wilmette Ave., Wilmette, IL 60091.
Peege. Film, 28 minutes. Phoenix Films Inc., 470 Park Ave. So., NYC, NY 10016.
Problem? . . . To Think of Dying. Film, 59 minutes. Indiana University, Audio-Visual Center, Bloomington, IN 47401.
To Be Aware of Death. Film, 20 minutes. Billy Budd Films, 235 E. 57th St., NYC NY 10022.
You See, I've Had A Life. Film, 32 minutes. The Eccentric Circle, Box 4085, Greenwich, CT 06830.

Steven Schwartz, M.A., F.A.S.H.A., is Director, Health Publications, Laidlaw Brothers, Publishers (A Division of Doubleday & Company, Inc.,) River Forest, IL.

Death and Dying

The teacher who wants to approach the questions of death and dying may refer to pages 81 through 111 of *Horizons of Health: Electives in High School Health Education** (New York City Board of Education, 1977, Experimental). This document offers suggestions for content and activities as well as readings and resources. Intended as a mini-course, "Death and dying" is tied into other aspects of the bulletin such as "Urban Health Problems" and "Ethical Issues in Health Care."

The course outline below is extracted from *Horizons in Health.*

1. Development of our fears and values
   - A. fears
   - B. Defining death
   - C. Childhood experiences: how they shape our attitudes
   - D. Values: how we feel about death
2. Death and Society
   - A. religion
   - B. the media
     - literature
     - music
     - art
     - television
     - film
3. Coping with death
   - A. anticipatory grief
   - B. bereavement
   - C. funeral and burial arrangements
4. Professional help in dealing with death
   - A. death companionship
   - B. group therapy
   - C. agencies
   - D. innovations in health care
5. A less than natural death
   - A. homicide
   - B. suicide
   - C. euthanasia

*Available from the Curriculum Production Unit, Office of Curriculum Development and Support, 131 Livingston Street, Room 617, Brooklyn, New York 11201.

Dr. Lois Lasky

Nota Bene

The bibliography for *Family Living Including Sex Education* is currently being revised. If you would like a copy of this revised bibliography, kindly fill out the form on the reverse of this page and send it to the office indicated. The bibliography will be mailed to you upon its completion.

To receive the 1987 revised bibliography for *Family Living Including Sex Education,* please fill out the form and return to:

Bibliography
Ms. Sylvia Schechter, Director
Office of Health, Physical Education, and School Sports
347 Baltic Street
Brooklyn, NY 11201

Name_____

Address_____

_____

City/State_____ Zip Code_____

Index

General Index

Abortion
  as option for unintended pregnancy, 92, 175
  clinic services, 197
  discussion of, 172-173
  for minors, 98
  laws for, 175
  methods of, 175
  prostaglandin method, 175
  saline method, 175
  suction method, 175

Abnormalities, genetic, 147

Abstinence, definition of, 139
  periodic use of as contraceptive, 171

Abuse, sexual
  discussion of, grades 5 and 6, 60-61
  effects of, 71, 99-102
  in children, definition of, 100
  prevention of, high school, 104, 141-145
  sources of help for victims, grades 5 and 6, 62

Acquired Immune Deficiency Syndrome, characteristics of, 132

Adolescence, anxiety during, 86
  changes during, 70, 83-86
  coping with stress during, 110
  dating during, 85-86
  emotional, behavioral and physical changes during, 104, 106-117
  emotional maturity during, 84, 86
  hormonal changes during, 86
  peer pressure in, 112-113
  problems during, 78
  rebellion during, 86
  relationships during, 83
  social effects of pregnancy during, 91

Adoption, as option for unintended pregnancy, 174
  definition of, for grades 3 and 4, 43
  definition of, for grades 5 and 6, 57

AIDS (Acquired Immune Deficiency Syndrome), 132

Amenorrhea, definition of, 126

American Library Association, supportive statement, 189

American Medical Association, supportive statement, 189

American Public Health Association, supportive statement, 189

American School Health Association, supportive statement, 190

Amniocentesis, definition of, 147

Amniotic sac, difinition of, for grades 5 and 6, 68
  definition of, for high school, 149

Animal and human families compared, prekindergarten to grade 2, 29-30, 34-35

Anxiety during adolescence, 86
  during puberty, 79

Aspiration, vacuum, as method of abortion, 175

Assault, sexual,
  incidence of, 100
  prevention of, 104, 141-145
  what children should know about, grades 5 and 6, 61

Birth canal, definition of, 124

Birth control, see Contraception

Birth Control, discussion of, 166-171
  reasons for not using, 166

Birth defects, causes of, 146-147
  defined, 147

Birth process and delivery, 93

Births, multiple, 93, 148-149

Bisexuality, definition of, 139

Body language, prekindergarten to grade 2, 25

Bradley method of childbirth, definition of, 156

Breasts, examination of, 135

Bulbourethral glands, definition of, 122

Cancer, in females, 135
  testicular, discussion of, 136

Castration, definition of, 122

Cervix, definiton of, 122

Cesarean section, definition of, 156

Changes, during adolescence, 70, 83-86
  in family, 70, 72-76
  during puberty, 70, 77-82

Childbirth, alternative methods of, 156
  choices for, 155
  emotions during, 155
  discussion of, 89
  medication for, 156
  process of, 104, 154-156

Children 4 to 5, psychosexual development, 15

Children 6 to 8, psychosexual development, 16

Children 9 to 10, psychosexual development, 17

Children 11 to 13, psychosexual development, 18

Choices in sexual expression, 104, 137-140

Chromosomes, diseases transmitted through, 93

Clinic services, New York City, 197

Clitoris, definition of, 122

Communication and friendship, 42

Community, responsibilities of members to, 44-46

Condom, use of, as contraceptive, 171

Congenital defects defined, 147

Contraception, for minors, 98
  methods of (table), 170-171
  reasons for not using, 166, 168
  reasons for using, 168
  sponge for, 167

Coordinators, district and high school, 3

Councils, advisory, functions of, 3,4

Cowper's glands, definition of, 122

Crabs (pubic lice), characteristics of, 131
Curiosity about oneself and others, in prekindergarten to grade 2, 23-27
Curriculum guidelines, 3-7

Dating, and social development in high school, 104, 114-115
during adolescence, 85-86
Death, education, 237
bibliography, 240
Death and dying, coping with death, 248
death and society, 247
development of fears and values, 245
less than natural, 250
professional help, 249
Decision making, among teenagers, 104, 112-113
in the family, 46
Delivery, breech, definition of, 155
DES, see diethylstilbestrol
Development, and growth, factors influencing, grades 5 and 6, 52-56
individual, environmental effects on, grades 5 and 6, 56
social and emotional, grades 5 and 6, 52, 58-60
psychosexual
of 4- to 5-year-olds, 15
of 6- to 8-year-olds, 16
of 9- to 10-year-olds, 17
of 11- to 13-year-olds, 18
of 14- to 16-year-olds, 19
of 17- to 18-year-olds, 20
Diaphragm, use of, as contraceptive, 170
Diethylstilbestrol, effects of, 136
Dilation, suction, and curettage, as method of abortion, 175
Disabled persons, as parents, 105, 183-185
need for adult relationships in, 105, 181-183
Diseases
congenital, 93
of embryo and fetus, 88
sexually transmitted
discussion of in junior high school, 94, 96-98
in high school, 104, 128-132
effect of, on fetus, 93-94
precautions against, 130
preventive measures for, 129
reasons for spread of, 129
transmitted through genes and chromosomes, 93
types of, 130-132
Divorce, children of, 161
discussion of, 76
Drugs, alcohol, tobacco during pregnancy, 153
for childbirth, 156
Dysmenorrhea, definition of, 126

Egg and Sperm, union of, grades 5 and 6, 52, 67-68
Eggs, fertilization of, defined in prekindergarten to grade 2, 31-33
discussed in grades 3 and 4, 48-49
Ejaculation, definition of, 122
Ejaculatory ducts, definition of, 122
Embryo, definition of, 68
grades 5 and 6, 68
high school, 149
development of, 88, 92, 147-148
Emotional changes during adolescence, 104, 106-117
during puberty, 80
development, grades 5 and 6, 52, 58-60
feelings, prekindergarten to grade 2, 24
maturity in adolescents, 84, 86
Emotions and values, communication of, 104, 116-117
Endocrine glands, role of, in reproduction, 77
Endometrium, definition of, 122
Engagement, guidelines for, 161
Environment, definition of, for grades 3 and 4, 43
for grades 5 and 6, 57
effect of, on development, grades 5 and 6, 56
discussion of, grades 5 and 6, 56
Epididymis, definition of, 122
Erection, definition of, 81, 122
Estrogen, definition of, 77, 122
Evaluation of teaching methods, 13-14
Extraction as method of abortion, 175

Fallopian tubes, definition of, in grades 5 and 6, 66
in high school, 122
Family Living Including Sex Education, goals of, 2
Family and individual development, grades 3 and 4, 44-46
grades 5 and 6, 53
and reproduction, 40, 47-49
animal and human compared, prekindergarten to grade 2, 28-30, 34-35
as changing unit, 70, 72-76
decision-making, 44, 45
definition of, for kindergarten to grade 2, 28
definition of, for grades 3 and 4, 46
for grades 5 and 6, 57
care of offspring in, prekindergarten to grade 2, 34-36
for grades 3 and 4, 49
for grades 5 and 6, 57
differences, grades 3 and 4, 43-45
life and mating, grades 3 and 4, 47-49
living, teaching strategies, 8-13
members, common traits in, grades 5 and 6, 54
discussion of, grades 3 and 4, 40
responsibilities of, 73
love relationships in, prekindergarten to grade 2, 37
nuclear, definition of for grades 3 and 4, 43
for grades 5 and 6, 57
planning, clinic services, 197
planning, methods available, 105, 166-171
relationships, discussion of, prekindergarten to grade 2, 26-27
remarried, definiton of, for grades 3 and4, 40
for grades 5 and 6, 57
responsibilities, grades 3 and 4, 45
high school, 105, 157-185
traditional extended, definition of, for grades 3 and 4, 43
for grades 5 and 6, 57
types of, 177-179
violence, 145

Family, changing functions of, 178-179
Fantasy, sexual, definition of, 139
Feelings, discussed in prekindergarten to grade 2, 24
  expression of, in high school, 117
Female reproductive system, 84, 104, 120 (illus.)
Fertilization, biological process of, 87
  definition of, for prekindergarten to grade 2, 33
    for high school, 149
  external and internal, discussion of, 47-50
  in vitro, defined, 148
  of eggs, definition of, in prekindergarten to grade 2, 31-33
  process of, 92
Fetal monitor, definition of, 156
Fetoscopy, definition of, 147
Fetus, definition of, grades 5 and 6, 68
development of, 88, 92, 104, 148, 149
  growth and development of, grades 5 and 6, 67
Foam and condom, use of, as contraceptive, 171
  Spermicidal, use of, as contraceptive, 171
Foreskin, definition of, 122
Foster care, as option for unintended parenthood, 174
  definition of, for grades 3 and 4, 43
    for grades 5 and 6, 57
Friendship and communication, 42
  feelings of, grades 3 and 4, 40-43

Genes, diseases transmitted through, 93
Genetic counseling, 147
  defects, discussion of, 89
  information, transmission of, 146
Genetics, role of, in human reproduction, 104, 147-148
Genital herpes, mode of transmission, symptoms, and treatment, 97
Girls Clubs of America, supportive statement, 190
Gland, pituitary, definition of, 66
  prostate, definition of, 123
Glands, bulbourethral, definition of, 122
  Cowper's definition of, 122
Gonorrhea, characteristics of, 130
  during pregnancy, 93
  mode of transmission, symptoms, and treatment, 97
  PPNG, 131
Grades (for grade by grade index, see pp. 00).
Group relationships, discussion of, prekindergarten to grade 2, 26-27
Growth and development, factors influencing grades 5 and 6, 52-56

Handicapped, relationships for the, 182
Health care of reproductive organs, 135-136
Hereditary defects, defined, 147
Herpes, genital, characteristics of, 130
  during pregnancy, 97
  mode of transmission, symptoms, and treatment, 97
Homosexuality, definition of
  junior high school, 81
  high school, 139
Hormones, male and female, discussion of, 77
  changes in, during adolescence, 86
Human and animal egg fertilization compared, in prekindergarten to grade 2, 31-33
Huntington's Chorea, 146, 147
Hymen, definition of, 123
Hysterectomy, definition of, 136

Impotence, definition of, 123
Incest, definition of, 61, 100
  discussion of, 142, 145
  incidence of, 61, 100
Incubation process defined for prekindergarten to grade 2, 33
Individual development and the family
  grades 3 and 4, 44-46
  grades 5 and 6, 53
Infatuation, characteristics of, 158
Infections during pregnancy, 153
Infertility, definition of, 149
Intercourse, sexual, definition of, 139
Interfaith Statement by the United States Catholic Conference, National Council of Churches, Synagogue Council of America, supportive statement, 190
Intrauterine device, use of, as contraceptive, 170
IUD, see intrauterine device

Jelly, spermicidal, use of, as contraceptive, 171

Labor, stages of
  junior high school, 93
  high school, 155
LaBoyer method of childbirth, definition of, 156
LaLeche League, definition of, 163
LaMaze method of childbirth, definition of, 156
Law, New York, and medical treatment of minors, 98
Love, and the family, 37
  mature, characteristics of, 158
  nature of, 105, 157-158

Male reproductive system, 104, 118-119 (illus.)
Marriage, successful elements of, 159, 161
Masturbation, as form of sexual expression, grades 5 and 6, 63-64
Masturbation, definition of
  grades 5 and 6, 66
  junior high school, 81
  high school, 139
Mating and reproduction, grades 3 and 4, 47-50

Maturity, emotional, in adolescents, 84, 86
Medication for delivery and childbirth, 156
Medical treatment of minors, 98
Menarche, definition of, 126
Menopause, definition of, 127
Menstrual induction, as form of abortion, 175
Menstruation, definition of
  grades and 6, 66
  junior high school, 81-82
  high school, 126
  discussion of, 78
  puberty, 64
  relation of, to reproductive process, 104, 125
Mini-pills, use of, as contraceptive, 170
Minors, medical treatment of, 98

Napkins, sanitary, definition of, grades 5 and 6, 66
National Council on Family Relations, supportive statement, 192
National Education Association, supportive statement, 192
Neonatal intensive care receiving unit, clinic services, 197
Nocturnal emission, definition of
  grades 5 and 6, 66
  junior high school, 81
  high school, 139
Nongonococcal urethritis, characteristics of, 131
Nuclear family, 76
Nursing following childbirth, 156
Nutrition during pregnancy, 153

Obscenity and pornography compared, 140
Offspring, human, dependency of (prekindergarten to grade 2), 35-36
Organs, reproductive, defined (prekindergarten to grade 2), 30
Orgasm, definition of, 123
Ovaries, definition of
  prekindergarten to grade 2, 33
  grades 5 and 6, 66
  high school, 123
Oviduct, definition of, 122
Ovum, definition of
  grades 5 and 6, 66
  high school, 123

Pap smear, discussion of, 135
Parent, authoritarian, discussion of, 164
  permissive, discussion of, 164
Parents, sample letter to, 195
  workshop evaluation, 235
  workshops, 231
Parent-child relationships
  grades 5 and 6, 59
  junior high school, 75, 83
Parental behavior and children's rights, 164
Parenthood, responsibilities of, 105, 162-165
Parenting, styles of, 164
Parents, disabled persons as, 105, 183-185
Parents, sample letter to, 195
  workshop evaluation, 236
  workshops, 231
Peer influences
  grades 5 and 6, 60-61
  junior high school, 83
Pelvic examination explained, 135
Pelvic inflammatory disease, characteristics of, 131
Penicillinase-producing N. gonorrhea, characteristics of, 131
Penis, definition of
  prekindergarten to grade 2, 33
  grades 5 and 6, 66
  high school, 123
Physical changes during adolescence, 104, 106-117
  during puberty, 77
Physical characteristics, identification of (prekindergargen to grade 2), 23
Pill, use of, as contraceptive, 170
Pituitary gland, definition of, grades 5 and 6, 66
Placenta, definition of
  grades 5 and 6, 66
  high school, 149
Planned Parenthood Federation of America, supportive statement, 194
Pornography and obscenity compared, 140
  discussion of, 139
  legal definition of, 140
Postpartum period, definiton of, 155
Pregnancy, adolescent, responsibilities of, 71, 87-93
  age factor in, 153
  alternatives to, 105, 172-176
  determination, clinic services, 197
  diseases transmitted during, 93
  drugs, alcohol, tobacco during, 153
  early diagnosis of, 152
  effects of, 91
  full-term, definition of, 149
  healthy, ways of identifying, 104, 150-153
  high-risk, discussion of, 90
  infections during, 153
  nutrition during, 153
  physical changes in mother during, 152
  prevention of, 166-171
  psychology of, 152
  signs of, 152
  social effects of, 90-91
  teenage, 151, 153
  unintended, discussion of
    junior high school, 92
    high school, 172, 174-176
Pregnancy termination services, 176
Premenstrual syndrome, definition of, 126
Prenatal care, clinic services, 197
  importance of, 150, 153
Prevention of rape and sexual abuse, 100-101

Primary sex characterisitcs, definition of
grades 5 and 6, 65
junior high school, 81

Program strategy for sex education, 7

Prostate gland, definition of, 123

Psychosexual development
of 4-to-5-year-olds, 15
of 6-to-8-year-olds, 16
of 9-to-10-year-olds, 17
of 11-to-13-year-olds, 18
of 14-to-16-year-olds, 19
of 17-to-18-year-olds, 20

Puberty and menstruation, 64
anxiety during, 79
changes during,
grades 5 and 6, 53, 63-65
junior high school, 70, 77-82
defined, 65
female changes in, grades 5 and 6, 64
physical changes during, 108-113
secondary sex characteristics during, 108

Rape, definition of
junior high school, 101
high school, 144
effects of, 71, 99-102, 144
help for victims of, 142
measures to take following, 144
prevention of, 101, 104, 141-145

Rebellion during adolescence, 86

Relationships during adolescence, 83
nature of, 105, 157-158

Reproduction of living things, prekindergarten to grade 2, 29-30
and mating, (grades 3 and 4), 47-50
and the family, 40, 47-50
process of, 92
responsibilities of, 71, 87-93
role of genetics in, 147

Reproductive health care, 135-136

Reproductive organs defined
prekindergarten to grade 2, 33
high school, 122-124

Reproductive process, awareness of, 104, 146-156
relation to menstruation, 104, 125

Reproductive system, female, 78, 104, 120 (illus.)

Reproductive system, male, 78, 104, 118-119 (illus.)

Resources, teaching, 4-6

Responsibilities, family
grades 3 and 4, 45
junior high school, 73

Rubella (German measles) during pregnancy, 93

Scrotum, definition of
grades 5 and 6, 66
high school, 123

Secondary sex characteristics, definition of
grades 5 and 6, 65
junior high school, 81

Self-image, effect of, on development, grades 5 and 6, 58
as element in love, 157
factors in adolescents, 104, 106-107, 109

Semen, definition of
grades 5 and 6, 66
high school, 123

Seminal vesicles, definition of, 123

Sensory experiences, prekindergarten to grade 2, 24

Sex characteristics, primary and secondary, defined
grades 5 and 6, 63, 65
junior high school, 81
differentiation in living things (prekindergarten to grade 2), 29-30
education strategy, 7
stereotypes in today's society, 73, 76, 104, 111

Sex Information and Education Council of the U.S., supportive statement, 194

Sexual abuse in children, definition of, 100
discussion of, 60-61
effects of, 71, 99-102
guidelines for professionals, 102
safety tips for children, 100

Sexual assault, incidence of, 100

Sexual expression, choices in, 104, 137-140
forms of, 137, 139

Sexual health care, 71, 94-98

Sexual health, responsibility for, 104, 118-144

Sexually transmitted diseases, definitions of
junior high school, 96-98
high school, 129-132
precautions against, 110
preventive measures against, 129
types of 130-132

Sexuality, as learning process, 105, 180

Social and emotional development, grades 5 and 6, 52, 58-60

Society, contributions of, to sexual violence, 143

Society for Adolescent Medicine, supportive statement, 194

Sonography, definition of, 147

Sperm, definition of
prekindergarten to grade 2, 33
grades 5 and 6, 33
high school, 123

Strategies, teaching, 8-13

Stereotypes, sexual, definition of, 76
in today's society, 104, 111

Sterility, definition of, 124

Sterilization, use of, as contraceptive, 171

Supportive statements, *Family Living Including Sex Education*, 189

Syndrome, toxic shock, 82

Syphilis, characteristics of, 131
during pregnancy, 93
mode of transmission, symptoms, and treatment, 96

Tampons and toxic shock syndrome, discussion of, 82
definition of, grades 5 and 6, 66
Teaching strategies for sex education, 8-13
evaluation of, 13-14
Teacher training, 3, 4
Teenagers, consumer rights of, concerning health care, 133
decision making among, 104, 112, 113
medical examinations for, 133
pregnancy in, 151, 153
psychosexual development, 19, 20
Testes, definition of
prekindergarten to grade 2, 33
grades 5 and 6, 66
high school, 124
Testosterone, definition of
junior high school, 77
high school, 124
Toxic shock syndrome, definition of, 82
discussion of, 127
Training for teachers, 3, 4
Traits, acquired, definition of
grades 3 and 4, 43
grades 5 and 6, 57
inherited, definiton of
grades 3 and 4, 43
grades 5 and 6, 57
Transexuality, definition of, 139
Transvestism, definition of, 139
Trichomoniasis, (Tric), characteristics of, 131
Twins, fraternal and identical, definition of, 93
Umbilical cord, definition of
grades 5 and 6, 68
high school, 149
University of the State of New York, the State Education Department, supportive statement, 193
Urethra, definition of, 124
Urethritis, nongonococcal, characteristics of, 131
Urogenital examination, discussion of, 135
Uterus, definition of
prekindergarten to grade 2, 33
grades 5 and 6, 66
high school, 124
Vagina, definition of
prekindergarten to grade 2, 33
grades 5 and 6, 66
Vaginal canal, definition of, 124
Vas deferens, definition of, 124
Venereal disease, treatment of, for minors, 98
Vesicles, seminal, definition of, 123
Violence, family, 145
sexual, contributions of society to, 143
Vulva, definition of, 124
Womb, definiton of, 124
Young Women's Christian Association, supportive statement, 194

Index: Prekindergarten to Grade 2

Animal and human families compared, 28-30, 34, 35

Body language, 25

Concept of curiosity in, 23-27

Egg fertilization defined, 31-33
Emotions, feelings, 24

Family and group relationships, 26-27
Feelings, identification of, 24
Fertilization, defined, 33
  human and animal egg fertilization compared, 31-33

Identification of physical characteristics, 23
Incubation process defined, 33

Love and the family, 37

Offspring, care of, among animals and humans, 34-36
Ovaries, defined, 33

Penis, defined, 33

Reproduction of living things, 29, 30
Reproductive organs defined, 33

Sensory experiences, 24
Sex differentiation in living things, 29-30
Sperm, defined, 33

Testes, defined, 33

Uterus, defined, 33

Vagina, defined, 33

Index: Grades 3 and 4

Adoption, definition of, 46

Communication and friendship, 42
Community, responsibilities to, 44-45

Eggs, fertilization of, 48, 49
Environment, definition of, 46

Family and reproduction, 40, 47-49
  and the individual, 43-45
  differences, 43-45
  definition of, 46
  members, discussion of, 43-45
  nuclear, definition of, 46
  remarried, definition of, 46
  responsibilities, 45
  traditional extended, definition of, 46
Fertilization, external, defined, 47
  internal, defined, 48
Foster care, definition of, 46
Friendship and communication, 42
Friendship, feelings of, 40-42

Individuality vs. the family, 43-45

Mating and reproduction, 47-50

Reproduction and the family, 40, 47-49

Traits, definition of, 46
  inherited, definition of, 46

Index: Grades 5 and 6

Adoption, definition of, 57
Amniotic sac, definition of, 68
Assault, sexual, what children should know about, 61

Development and growth, factors influencing, 52-56

Egg and sperm, union of, 52, 67, 68
Embryo, definition of, 68
Emotional and social development, 52, 58-60
Environment, effect of, on development, 56
  definition of, 57

Fallopian tubes, definition of, 66
Family and individual development, 53
  definition of, 57
  members, common traits in, 54
  nuclear, definition of, 57
  remarried, definition of, 57
  traditional extended, definition of, 57
Fetus, definition of, 68
  growth and development of, 67
Foster care, definition of, 57

Gland, pituitary, definition of, 66
Growth and development, factors influencing, 52-56

Incest, defined, 61
  incidence of, 61

Masturbation, definition of, 66
  a form of sexual expression, 63, 65
Menstrual period, definition of, 66

Napkins, sanitary, definition of, 66
Nocturnal emission, definition of, 66

Ovaries, definition of, 66
Ovum, definition of, 66

Parent-child relationships during adolescence, 59
Peer influences, 60, 61
Penis, definition of, 66
Pituitary gland, definition of, 66
Placenta, definition of, 68
Puberty, changes during, 53, 63-65

Scrotum, definition of, 66
Self-image, effect of, on development, 58
Semen, definition of, 66
Sex characteristics, primary and secondary, defined, 63, 65
Sexual abuse, 60-61
Sperm, definition of, 66

Tampons, definition of, 66
Testes, definition of, 66
Traits, acquired, definition of, 57
  inherited, definition of, 57

Umbilical cord, definition of, 68
Uterus, definition of, 66

Vagina, definition of, 66

Index: Junior High School

Abortion, as option for unintended pregnancy, 92
  for minors, 98
Abuse, sexual, effects of, 71, 9-102
  safety tips to prevent, 100
Adolescent problems, 76
  hormonal changes during adolescence, 86
Anxiety during puberty, 79

Birth defects, 93
Birth process and delivery, 93
Births, multiple, definition, 93

Changes during adolescence, 70, 83-86
  during puberty, 70, 77-82
  in family, 70, 72-76
Childbirth, discussion of, 89
Chromosomes, diseases transmitted through, 93

Dating during adolescence, 85, 86
Diseases, congenital, 93
  sexually transmitted, 94-97
  transmitted through genes and chromosomes, 93
Divorce, discussion of, 76

Embryo, development of, 92
Emotional changes during puberty, 80
Endocrine glands, discussion of, 77
Erection, definiton of, 81
Estrogen, definition of, 97

Family, nuclear, 76
Family members, responsibilities of, 73
Fertilization, process of, 92
Fetus, development, 92

Genes, diseases transmitted through, 93
Genetic defects, discussion of, 89
Gonorrhea during pregnancy, 93

Homosexuality, definition of, 81
Hormones, sex, definition of, 77

Incest, definition of, 100

Labor, stages of, 93

Masturbation, definition of, 81
  discussion of, 79
Menstrual cycle, definition of, 81-82
Menstruation, definition of, 81
  discussion of, 78

Nocturnal emission, definition of, 81
Nuclear family, 76

Parent-child relationships, 75, 83
Peer pressure, discussion of, 83
Pregnancy, diseases transmitted during, 93
  effects of, 91
  high risk, discussion of, 90
  responsibilities of, 71, 87-93
  social effects of, 90-91
  unintended, discussion of, 92
Primary sex characteristics, definition of, 81
Puberty, physical changes during, 77

Rape, definition of, 101
  effects of, 71, 99-102
  prevention of, 101
Relationships during adolescence, 83
Reproduction, process of, 92
Responsibilities of family members, 73
Rubella (German measles) during pregnancy, 93

Secondary sex characteristics, 81
Sexual abuse, effects of, 71, 99-102
  characteristics, primary and secondary, definition of, 81
  health care, 71, 94-98
  stereotypes, 73, 76
Social activity during adolescence, 85, 86
Syndrome, toxic shock, 82
Syphilis during pregnancy, 93

Tampons and toxic shock syndrome, discussion of, 82
Testosterone, definition of, 77
Toxic shock syndrome, definition of, 82
Twins, fraternal and identical, definition of, 93

Index: High School

Abortion, as option for unintended pregnancy, 92,175
  clinic services, 197
  discussion of, 172-173
  for minors, 98
  laws for, 175
  methods of, 175
Abuse, sexual, prevention of, 104, 141-145
Adolescence, emotional, behavioral and physical changes during, 104, 106-117
    peer pressure in, 112, 113
    stress during, 110
Amenorrhea, definition of, 126
Assault, prevention of, 104, 141-144

Birth canal, definition of, 124
Birth control, discussion of, 166-171
Bulbourethral glands, definition of, 122

Castration, definition of, 122
Cervix, definition of, 122
Childbirth, methods of, 155-156
  process of, 104, 154-156
Clitoris, definition of, 122
Contraception, devices for, 170-171
  reasons for using or not using, 168
Cowper's glands, definition of, 122

Dating and social development, 104, 114, 115
Diseases, sexually transmitted, precautions against, 129-130
  types of, 130-132
Divorce, feelings of children after, 161
Dysmenorrhea, definition of, 126

Ejaculation, definition of, 122
Ejaculatory ducts, definition of, 122
Embryo, development of, 104, 147-149
Emotions and values, communication of, 104, 116-117
Endometrium, definition of, 122
Engagement, guidelines for, 161
Epididymus, definition of, 122
Erection, definition of, 122
Estrogen, definition of, 122

Fallopian tubes, definition of, 122
Family planning, methods available, 105, 166-171
Family, responsibilities of, 105, 157-185
Feelings, expression of, 117
Fetal development, stages of, 104, 148, 149
Foreskin, definition of, 122

Genetics, role of, in human reproduction, 104, 147-148
Gland, prostate, definition of, 123
Glands, bulbourethral, 122
  Cowper's, definition of, 122

Health care, importance of, 104, 133-136
  of reproductive organs, 135-136
Hymen, definition of, 123

Incest, discussion of, 142, 145
Infatuation, characteristics of, 158
Impotence, definition of, 123

Labor, three stages of, 155
Love, characteristics of, 158

Masturbation, 137, 139
Marriage, successful elements of, 159-161
Medical examinations for girls and boys, 133
Menarche, definition of, 126
Menopause, definition of, 127
Menstrual cycle, definition of, 126
Menstruation, relation of, to reproduction, 104, 125

Orgasm, definition of, 123
Ovaries, definition of, 123
Oviduct, definition of, 122
Ovum, definition of, 123

Parenthood, responsibilities of, 105, 162-165
Penis, definition of, 123
Pregnancy, alternatives to, 105, 172-176
  early signs, diagnosis, and care, 152-153
  healthy, ways of identifying, 104, 150-153
  teenage, 151, 153
  unintended, options for, 174-176
Premenstrual syndrome, definition of, 126
Pornography, discussion of, 138
Prostate gland, definition of, 123
Puberty, physical changes during, 108-113

Rape, definition of, 124
  measures to take following, 144
  prevention of, 104, 141-144
Reproductive organs, health care of, 135-136
  process, 104, 146-156
  systems, male and female, 104, 118-120

Scrotum, definition of, 123
Self-image, factors in, 104, 106-107, 109
Semen, definition of, 123
Seminal vesicles, definition of, 123
Sexual expression, forms of, 137, 139
  sexual health, responsibility, 104, 118-144
  stereotypes, in today's society, 104, 111
Sexually transmitted diseases, 104, 128-132
Sperm, definition of, 123
Sperm duct, definition of, 124
Sterility, definition of, 124

Teenagers, decision-making among, 104, 112, 113
Testes, definition of, 124
Testosterone, definition of, 124
Toxic shock syndrome, definition of, 127

Urethra, definition of, 124
Uterus, definition of, 124

Vagina canal, definition of, 124
Vas deferens, definition of, 124
Vesicles, seminal, definition of, 123
Vulva, definition of, 124

Womb, definition of, 124